

W8 000000810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

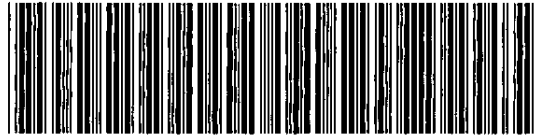
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800116532608

02/01/08--01024--018 **35.00

2008 APR -1 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

APR - 2 2008

EXAMINER

W8-810

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: UNIK Carpeting and Flooring

DOCUMENT NUMBER: LO8000000810

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

QUANTEL WELLS
(Name of Contact Person)

(Firm/ Company)

651 NW 58 ST #310
(Address)

MIAMI FL 33127
(City/ State and Zip Code)

For further information concerning this matter, please call:

QUANTEL WELLS at (786) 985-0287
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2008 APR -1 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2008

QUANTEL WELLS
651 N.W. 58 ST #310
MIAMI, FL 33127

SUBJECT: UNIK CARPETING AND FLOORING LLC
Ref. Number: L08000000810

We have received your document for UNIK CARPETING AND FLOORING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

On the management the management has to be listed as manager or managing member not supervisors.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 208A00017598

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 APR - 1 PM 3:22

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2008

QUANTEL WELLS
651 N.W. 58 ST #310
MIAMI, FL 33127

SUBJECT: UNIK CARPETING AND FLOORING LLC
Ref. Number: L08000000810

We have received your document for UNIK CARPETING AND FLOORING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 408A00015407

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 APR - 1 PM 3: 22

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

UNIK CARPETING AND FLOORING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/3/08 and assigned
Florida document number L08000000810.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

UNIQ CARPETING AND FLOORING LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

(Enter Florida street address)

_____, Florida

(City)

(Zip Code)

FILED
2008 APR - 1 PM 3:22
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Manager or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
-------	------	---------	----------------

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

MGR	Morris Pontifect	1710 N.W. 5 AVE MIAMI FL, 33136	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
-----	------------------	------------------------------------	--

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

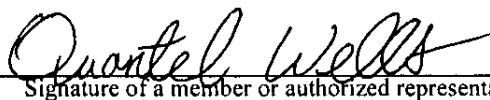
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated _____, _____.



Signature of a member or authorized representative of a member

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 APR - 1 PM 3:22

FILED