

L08000017502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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MAY 14 2009

EXAMINER

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2009 MAY 13 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Unodomani, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Milos Klacko
Name of Person
Unodomani, LLC
Firm/Company
320 Mears Blvd.
Address
Oldsmar, FL 34677
City/State and Zip Code
MilosM3@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Milos Klacko at (813) 448-9660
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

UNODOMANI 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 2/15/2008 and assigned
Florida document number L 08000017502

2009 MAY 13 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

320 Mears Blvd.
Oldsmar, FL
34677

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

320 Mears Blvd.
Oldsmar, FL
34677

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:

Milos KLACKO

New Registered Office Address:

782 Cherrybrooke Ct.

Enter Florida street address

Tarpon Springs
City

Florida

34688

Zip Code

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.

Milos Klacko
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers 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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|--|--|
| MGRM | Milos KLACKO | 320 Means Blvd. Oldsmar, FL 34677 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | Kimberly Roberts | 6980 Ave. Des Palais 1B South Pasadena, FL 33707 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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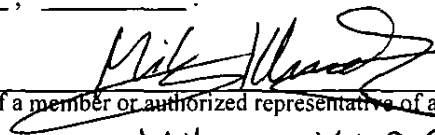
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2009 MAR 13 PM 3:03
Add
Remove

FILED

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

Dated May 11, 2009

Signature of a member or authorized representative of a member



Milos KLACKO, MGRM

Typed or printed name of signee