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| PICK-UP                    | ☐ WAIT          | MAIL        |
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| Certified Copies           | Certificates    | s of Status |
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| Special Instructions to Fi | ling Officer:   |             |
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SECRETARY OF STATE
TALLAHASSEE, FLORID

D. BRUCE
SEP 0 8 2010
EXAMINER

## **COVER LETTER**

Registration Section

TO:

| Divisio   | n of Corpo         | rations                                    |   |  |                   |   |                   |           |        |
|---|--------------------|--|---|--|-------------------|---|-------------------|-----------|--------|
| SUBJECT:  | +                  | UNIQUE CUSTON                              | M CONS  | TRUCTIO  | N LLC             |   |                   |           |        |
| Bebleci   |                    | Name of Limi                               |   |  |                   |   |                   |           |        |
|   |                    |  |   |  |                   |   |                   |           |        |
| The enclosed Art  | ticles of An       | nendment and fee(s) are sub                | mitted for fil                                | ing.   | •                 |   |                   |           |        |
| Please return all   | correspond         | ence concerning this matter                | to the follow                                 | ing:   |                   |   |                   |           |        |
|   |                    |  |   |  |                   |   |                   |           |        |
|   |                    |  | MARIA D                                       | PARDO  |                   |   |                   |           |        |
|   |                    |  | Name o  | f Person                                       |                   | -   |                   |           |        |
|   |                    | UNIQUE CI                                  | ЈЅТОМ С                                       | ONSTRUCT                                       | TION LLC          |   |                   |           |        |
|   |                    |  | Firm/C  | отрапу   |                   | <u>-</u>                                  |                   |           |        |
|   | 4270 WEST VISTA CT |  |   |  |                   |   |                   |           |        |
|   |                    |  | Add   | ress   |                   | •   |                   |           |        |
|   |                    | K  | ISSIMME                                       | E, FL 34746                                    |                   |   |                   |           |        |
| •   |                    |  | City/State as                                 | nd Zip Code                                    |                   |   |                   |           |        |
|   |                    |  |   |  |                   |   | $\Xi_{S}$         | مئيد -    |        |
|   |                    | E-mail address: (                          |   | uture annual repo                              | ort notification) |   | ECR<br>LLA        | 35 0      | 1 mary |
| For further infor   | mation con-        | cerning this matter, please o              | all:  |  |                   |   | ETAI              | , O.      |        |
|   |                    | A D PARDO                                  | at (  | 407 )  | 466-4             |   | RY 6              | 7 P       |        |
|   | Name of P          | erson                                      |   | Area Code &                                    | Daytime Teleph    | one Number                                | OF STATE          | PH 题      |        |
|   |                    |  |   |  |                   |   | OR.               | en<br>Her | _      |
| Enclosed is a che   | eck for the        | following amount:                          |   |  |                   |   | D <sub>m</sub>    | n:a       |        |
| <b>▼</b> \$25.00 Filing                                     | g Fee [            | \$30.00 Filing Fee & Certificate of Status | Certif  | Filing Fee &<br>fied Copy<br>tional copy is er | nclosed)          | \$60.00 Filir<br>Certificate<br>Certified | of Status<br>Copy |           |        |
|   |                    |  |   |  |                   | (additiona                                | ıl copy is        | enclose   | ed)    |
|   |                    |  |   |  |                   |   |                   |           |        |
|   |                    | G ADDRESS:                                 |   |  | OURIER AD         | DRESS:                                    |                   |           |        |
| Registration Section Division of Corporations P.O. Box 6327 |                    |  | Registration Section Division of Corporations |  |                   |   |                   |           |        |
|   |                    |  | Clifton Buil                                  |  |                   |   |                   |           |        |
|   |                    | ee, FL 32314                               |   | 2661 Execu                                     | tive Center Cir   | cle                                       |                   |           |        |
|   |                    | •  |   | Tallahassee                                    | , FL 32301        |   |                   |           |        |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| UNIQUE CL   | <u>ISTOM CONSTRUCTION AND A CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCT OF THE CONSTRUC</u> | ON LLC                       |                          |  |  |
|---|--|------------------------------|--------------------------|--|--|
| (Name of the Limited Li<br>(A FI                    | ability Company as it now appear orida Limited Liability Company)  | s on our records.)           |                          |  |  |
|   | oaa 2oo 2o, cepa,  |                              |                          |  |  |
| The Articles of Organization for this Limited Liab  | ility Company were filed on  | 04/03/2008                   | and assigned             |  |  |
| Florida document number L0800003427                 | 70   |                              |                          |  |  |
| Tiorida document hamber                             | ·  |                              |                          |  |  |
| This amendment is submitted to amend the follow     | ing:   |                              |                          |  |  |
| A. If amending name, enter the new name of th       | e limited lighility company her  | e:                           |                          |  |  |
| If amenang name, <u>enter the new name of the</u>   | o mintou madinty company no.   | <u>-</u> .                   |                          |  |  |
| The new name must be distinguishable and end with t | he words "Limited Liability Compa  | ny " the designation "I      | I C" or the abbreviation |  |  |
| "L.L.C."  | ic words Ellined Elability Compa   | my, the designation is       | of the abolic viation    |  |  |
| T14 1 1 00 11 10 11                                 | 1  |                              |                          |  |  |
| Enter new principal offices address, if applicable  | <del> </del>   |                              |                          |  |  |
| (Principal office address MUST BE A STREET A        | ADDRESS)   |                              |                          |  |  |
|   | ·  |                              | <u> </u>                 |  |  |
|   |  |                              | AAR KA →                 |  |  |
| Enter new mailing address, if applicable:           |  |                              | P AS                     |  |  |
| (Mailing address MAY BE A POST OFFICE BO            | )X)  |                              | SERY 7                   |  |  |
|   |  |                              | सुन्न के ग्रि            |  |  |
|   |  |                              | 53 <b>B</b> O            |  |  |
| B. If amending the registered agent and/or          | registered office address on a   | our records, enter t         | he Drame Med the new     |  |  |
| registered agent and/or the new registered offic    | e address here:  | , ai 1000143, <u>exter t</u> | D Tambie                 |  |  |
|   |  |                              |                          |  |  |
| Name of New Registered Agent:                       |  |                              |                          |  |  |
| Name of New Registered Agent.                       |  |                              |                          |  |  |
| New Registered Office Address:                      |  |                              |                          |  |  |
|   | Enter Florida street address   |                              |                          |  |  |
|   |  | , Florida                    |                          |  |  |
| •   | City   |                              | 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member Type of Action **Title Address** Name | **MGRM** JUAN D REYES **4225 WEST VISTA CT** ☐ Add √ Remove KISSIMMEE EL 34746 MARIA C MORENO MGRM 106 ROCK SPRING CT ✓ Add KISSIMMEE, FL 34743 Remove ☐ Add ☐ Remove □Add Remove  $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 1 2010 Dated Signature of a member or authorized representative of a member MARIA D PARDO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00