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(Re	equestor's Name)	.
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #	<i>t</i>)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Name	*)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

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07/28/08--01018--015 **30.00 .

SECRETARY OF STATE

D. BRUCE
JUL 29 2008
EXAMINER

COVER LETTER

TO: . Registration Section

Division of Corporations
SUBJECT: Unique Improvement Contractor 26 (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:
Mique Improvement Contractor LLC (Pirm/Company)
Unique Improvement (ontractor LLC (Pirm/Company) 114 Windy Due of (Address)
(Address) (Address) (Address) (City/State and Zip Code) (City/State and Zip Code)
For further information concerning this matter, please call: Total Name of Person (City/State and Zip Code) Code Code
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Contractor LL	<u>. C</u>
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our distribution of the company.	records.)
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing Florida document number <u>LO 9000 049199</u> .	ny were filed onMCLY	16,208 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	ability company here:	
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company," the o	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		08 SE TAL
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		ES P M
(Mailing address MAY BE A POST OFFICE BOX)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Flor	ida 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, 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>Name</u> <u>Title</u> <u>Address</u> **Type of Action** MGR Jose R Serrano Add A MERM Karla M Serrano Remove **r**∯⊾Add Remove Add 🗖 Remove ☐ Add Remove T Add Remove Add 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 - Karla M. Serrano
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00