## 108000084118

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bı	ısiness Entity Naı	me)	
(Do	ocument Number)	)	
Certified Copies	Certificates of Status		
	···		
Special Instructions to	Filing Officer:		

Office Use Only



500135528515

09/12/08--01043--002 \*\*30.00

2008 SEP 12 AH II: 52 SECRETARY OF STATE

D. BRUCE

SEP 16 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporation	ns , t			
SUBJECT: U	VIQUE / (Name of Limi	AUTO BODY, L.L ited Liability Company)	· C .	
The enclosed Articles of Amenda	nent and fee(s) are sub	mitted for filing.		
Please return all correspondence of	concerning this matter	to the following:		
	Rosau	IRA PEREZ (Name of Person)		
	Mhidne	_	SECRETARY OF STATE TALLAHASSEE.FLORID	
		RNE, FL 329 (City/State and Zip Code)	F STATE AFLORIDA	Ţ
For further information concerning	g this matter, please c	all:		
TUAN SANCH	62	at ( <u>321</u> ) <u>956</u> - (Area Code & Daytime T	0260 474-5141 Telephone Number)	
Enclosed is a check for the follow	ving amount:			
	0.00 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 enclose	ed)

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

## TO ARTICLES OF ORGANIZATION OF

UNIQUE AU	10 Bony,	L. L.C.	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears bility Company)	on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on	9.3.08	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here	į:	
NA			
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Compar	ny," the designation	
Enter new principal offices address, if applicable:			2008 S TALL
(Principal office address MUST BE A STREET ADDRESS)		NA	RETA AHA
	·	\ /	SSE 2
		1	AM III
Enter new mailing address, if applicable:			- <del> </del>
(Mailing address MAY BE A POST OFFICE BOX)		-N/A	
B. If amending the registered agent and/or registered office address here:		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:		1 1/2	
New Registered Office Address:	(F <sub>n</sub>	ter Florida street a	addrass)
	(En	ier Fioriaa sireei a	auress)
	(City)	, Florida _	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	(City)		(Lip Code)
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.  (If Change in the registered of the change.	ete performance of covided for in Chaddress, I hereby	of my duties, and . apter 608, F.S. O	l am familiar with and r, if this document is limited liability

· If an ending 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 Title **Name** Address **Type of Action** ROSAURA PEREZ JUAN SANCHEZ Remove 2003 WOODFIELD CIL Remove 🗂 Add Remove ☐ Add Remove nid Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Ma'am. WANT LISTED SHALL ASSISTANCE ATTENTION MATTER. 1413 SEPT 10 Dated Signature of a member or authorized representative of a member ROSAURA PEREZ

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00