L09000025607

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(Re	equestor's Name)				
(Ad	(Address)				
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(,,,,	41000)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
Certified Copies	Certificates	of Status			
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Special Instructions to	Filing Officer:				
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Office Use Only



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B. KOHR

APR 2 1 2009

EXAMINER

April 15, 2009

Unique Covering LLC 601 North Congress Ave. Delray Beach, Florida 33445

To Whom It May Concern:

This letter is to acknowledge that I, Jakob Ben Ari am the sole MGRM of Unique Covering LLC. My daytime phone # is 561-703-9366 if you need to reach me. My address is 601 N. Congress Ave. Delray Beach, Florida 33445. Enclosed are all the amendments that need to be added or deleted. I await your confirmation.

Thank you in advance,

Jakob/Ben Ari

&BA:ph

COVER LETTER

TO:	Registration Se Division of Cor			
SURIE	CT: Unique	Covering LLC		D
00202			ited Liability Company)	
•				
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspo	endence concerning this matter	to the following:	,
				09 APR 21 PH 3: 45 TALLAHASSEE, FLORID
		Jakob Ben Ari, Presider	nt	10000000000000000000000000000000000000
			(Name of Person)	10000000000000000000000000000000000000
		Unique Covering		SEE
			(Firm/Company)	·
		COA N. Common Ave. C		ORDER TO
		601 N. Congress Ave. S	(Address)	
			,	E.
		Delray Beach, Florida 33		
			(City/State and Zip Code)	
For fur	ther information c	oncerning this matter, please c	all:	
Jakob	Ben Ari		at (561) 703-9366	
	(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclose	ed is a check for the	he following amount:		
2 \$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)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Unique Covering LLC

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L09000025607</u> .	lity Company were filed on 3-16-09 and assigned			
This amendment is submitted to amend the following:	************			
A. If amending name, enter the new name of the limited liab	mity company nere:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	n "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	601 N. Congress Ave			
(Principal office address MUST BE A STREET ADDRESS)	Suite 102 A			
	Delray Beach, Florida 33445			
Enter new mailing address, if applicable:	601 N. Congress Ave.			
(Mailing address MAY BE A POST OFFICE BOX)	Suite 102A			
	Delray Beach, Florida 33445			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	(Enter Florida street	address)		
	·	·		
	, Florida (City)	(Zip Code)		
Nam Desistand Agent's Signature if shanging Degistered Agents	•	· • · ·		

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>Title</u>	<u>Name</u>	Address	Type of Action	
MGRM	Jakob Ben Ari	601 N. Congress Ave. Suite 102A Delray Beach, Florida 33445	Add Remove	
MGRM	Kobi Ben Are	601 N. Congress St. Suite 102 A Delray Beach, Florida 33445	Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)		
				
Dated	,		_	
	Signature of a member	er or authorized representative of a member MOB BEN ARI d or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00