20039170 Per 1 of 1 Division of Corporation

Florida Department of State

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UNIQUE MOTORCARS, LLC

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FAX COVER SHEET

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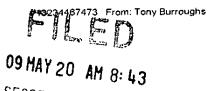
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: UNIQUE MOTORCARS,	LLC		,
(Nam	e of Limited Liability C	ompany)	
The enclosed Articles of Amendment and fee(s) are submitted for filin	g.	
Please return all correspondence concerning th	is matter to the followin	g:	,
Tony Burroug	hs (Name of I		
	(wante of t	-crson)	
Legalzoom.co	m, Inc. (Firm/Con	որաւy)	
7000 Halling	and Disal Crista 400		
7.083 Hollywo	od Blvd., Suite 180 (Addre		
Los Angeles,	ന്മ ദേശാജ്		
Lua Angelea,	(City/State and	Zip Code)	
For further information concerning this matter	, please call:		* . *

Tony Burroughs	at (32	3) 962-8600 (Area Code & Daytime Telepho	as Marshard
(Name of Person)		(Wiea Code w Distring Leichno	ne Muniter)
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$30.00 Filing Fe Certificate of	Status Cortifie	d Copy mal 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 ADD Registration Section Division of Corporations Clifton Building 2661.Executive Center Circl	
2 11 11 11 11 11 11 11 11 11 11 11 11 11		Tallahassee FL 32301	, ,

To: Page 4 of 5



SECRETARY OF STATE TALLAHASSEE FLORIDA ARTICLES OF AMENDMENT TÒ

ARTICLES OF ORGANIZATION OF

UNIQUE MOTORCARS, 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 <u>04/23/2009</u> and assigned	
Florida document number <u>L09000039170</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviat "L.L.C."	ion
B. If amending the registered agent and/or registered office address on our records, enter the name of the n registered agent and/or the new registered office address here:	ew
Name of New Registered Agent:	·
New Registered Office Address:	· ·
	·
New Registered Office Address: (Enter Florida street address)	·
New Registered Office Address: (Enter Florida street address)	
New Registered Office Address: (Enter Florida street address) , Florida (City) (Zip Code)	
New Registered Office Address: (Enter Florida street address)	

(If Changing Registered Agent, Signature of New Registered Agent)

MGR = Manager

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:

MGRM = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM.	Liran Komemi	801 BRICKELL AVENUE, SUITE 919 MIAMI, FL 33131	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add
D. If amend	ing any other information, enter change	(8) here: (Attach additional sheets, if necessary.)	
			09 HAY 20 SECRETARY
<u>-</u>			
Dated May	Shanna a		8: 43 STATE FLORIDA
	Signature of a member Shemron Eben Tomer, Member	or authorized representative of a member	

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00