

109 0000 81752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

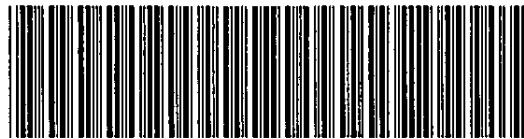
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 12 2013
T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Unique Bakery EQUIPMENT L.L.C
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:

Jorge Castaño

Name of Person

Unique Bakery EQUIPMENT LLC

Firm/Company

8800 NW 99 STREET

Address

MEDLEY FL 33178

City/State and Zip Code

jrgcastano@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge Castano

Name of Person

at (305) 297-4901

Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount:

☒ \$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)

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Unique Bakery EQUIPMENT 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 8/25/2009 and assigned
Florida document number 209000081752

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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, 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	ASESONAS E INVERSIONES	AV. DON LUIS 644, LAMPA	<input type="checkbox"/> Add
	SANTA ANA SPA	SANTIAGO, CHILE	<input checked="" type="checkbox"/> Remove
MGRM	ASESORIAS E INVERSIONES	AV. DON LUIS 644,	<input checked="" type="checkbox"/> Add
	SANTA ANA SPA	LAMPA	<input type="checkbox"/> Remove
		SANTIAGO, CHILE	
MGRM	ASESONAS E INVERSIONES	AV. DON LUIS 644, LAMPA	<input type="checkbox"/> Add
	SANTA EMILIA SPA	SANTIAGO, CHILE	<input checked="" type="checkbox"/> Remove
MGRM	ASESORIAS E INVERSIONES	AV. DON LUIS 644	<input checked="" type="checkbox"/> Add
	SANTA EMILIA SPA	LAMPA	<input type="checkbox"/> Remove
		SANTIAGO, CHILE	
MGRM	ASESONAS E INVERSIONES	AV. DON LUIS 644	<input type="checkbox"/> Add
	PUNTA TOTORILLA SPA	LAMPA	<input checked="" type="checkbox"/> Remove
		SANTIAGO, CHILE	
MGRM	ASESORIAS E INVERSIONES	AV. DON LUIS 644	<input checked="" type="checkbox"/> Add
	PUNTA TOTORILLA SPA	LAMPA	<input type="checkbox"/> Remove
		SANTIAGO, CHILE	

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

Title	Name	Address	Type of Action
MGRM	ASEGSONAS E	AV. DON LUIS 644,	<input type="checkbox"/> Add
	INVERSIONES	LAMPA	<input checked="" type="checkbox"/> Remove
	SANTA MANIA SPA	SANTIAGO, CHILE	
MGRM	ASESORIAS E	AV. DON LUIS 644	<input checked="" type="checkbox"/> Add
	INVERSIONES	LAMPA	<input type="checkbox"/> Remove
	SANTA MARIA SPA	SANTIAGO, CHILE	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

09/06/13

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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ALACHUA COUNTY, FLORIDA

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