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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR -1 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 3667 UNIQUE CIRCLE LLC  
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:

MARK WALLEN

Name of Person

UNIQUE CIRCLE LLC

Firm/Company

1342 COLONIAL BLVD D29

Address

FORT MYERS, FL 33907

City/State and Zip Code

LADYLENDER1@YAHOO.COM

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MARK WALLEN

Name of Person

at ( 239 )

985-0636

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**3667 UNIQUE CIRCLE 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 SEPTEMBER 23 2010 and assigned Florida document number L10000032990.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

UNIQUE CIRCLE LLC

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:

MARK WALLEN

New Registered Office Address:

1342 COLONIAL BLVD D29

*Enter Florida street address*

FORT MYERS

Florida

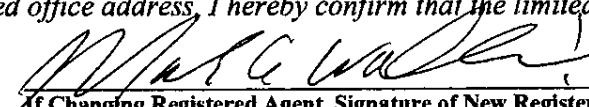
33907

*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         | BARBARA GUSEMAN | 12810 KELLY GREENS BLVD<br>FORT MYERS, FL 33908 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | JEFF TYSON      | 14817 LAGUNA DRIVE #301<br>FORT MYERS, FL 33908 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | DAN RICCI       | 1508 S E 37TH ST<br>CAPE CORAL, FL 33904        | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                 |                                                 | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                                 | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                                 | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

Dated Feb 9, 2011

Signature of a member or authorized representative of a member

MARK WALLEN

Typed or printed name of signee

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