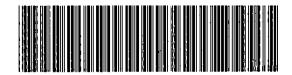
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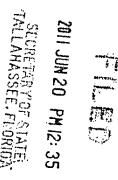
(Re	questor's Name)	<u>. </u>		
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J. SAULSBERRY EXAMINER

JUN 2 2 2011

COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT:	_	
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
MARK A WALLEN Name of Person		
UNIQUE CIRCLE LLC Firm/Company		
1342 COLONIAL BLVD D29 Address		
FORT MYSRS FL 33907 City/State and Zip Code	ZOII JUI SECRE	Tà
E-mail address: (to be used for future annual report notification)	JUN 20 P	
For further information concerning this matter, please call:	PH 12: 38 OF STATE E. FLORID	
Balbara Gus Eman at (239) 985- 8636 Name of Person Area Code & Daytime Telephone N	<u> </u>	
Enclosed is a check for the following amount:		
Certificate of Status Certified Copy Ce (additional copy is enclosed) Ce	00 Filing Fee, rtificate of Status & rtified Copy Iditional copy is en	

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

	City	, Florida	Zip Code
New Registered Office Address:	Entar E	lorida street addres	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:			· · · · · · · ·
registered agent and/or the new registered office ad	ldress here:		C)
B. If amending the registered agent and/or reg	istered office address on our 1	ecords, enter the	mame of the nev
			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		SSE TE	2
Enter new mailing address, if applicable:		AR 2	
		SEC ALL	701
		- mig	
(Principal office address MUST BE A STREET AD)	DRESS)		
Enter new principal offices address, if applicable:			
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company."	the designation "LLC	or the abbreviation
A. If amending name, enter the new name of the li	mited liability company here:		
This amendment is submitted to amend the following:			
Florida document number	.		
The Articles of Organization for this Limited Liability	Company were filed on	3-10	_ and assigned
(Name of the Limited Liabil (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)	
(Name of the Limited Liabil (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)	

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> Type of Action JAMES DANIEL SINCLAIR 6840 DABNEY ST Remove MGKM Remove ☐ Add ☐ Remove Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member N WALLEN
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00