

L10000068962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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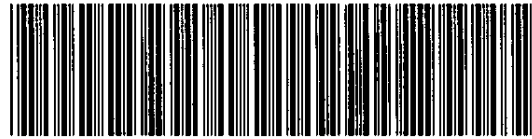
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUL 29 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Unique Auto Sound, Security, And Tint 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:

Richard Ramirez

Name of Person

Firm/Company

4590 Babcock st NE unit 102

Address

Palm Bay, Florida, 32905

City/State and Zip Code

UNIQUE AUTO SOUNDS @ ROCKETMAIL.COM

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

For further information concerning this matter, please call:

Richard Ramirez

Name of Person

at 772 834-2110

Area Code & Daytime Telephone Number

BUSINESS 321.409.0406

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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

Unique Auto Sound, Security And Tint 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 06/28/2010 and assigned
Florida document number L10000068962.

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)

4590 Babcock st NE Unit 102

Palm Bay, Florida, 32905

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4590 Babcock st NE unit 102

Palm Bay, Florida, 32905

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TALLAHASSEE, FLORIDA

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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:

Richard Ramirez

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.

Richard Ramirez
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

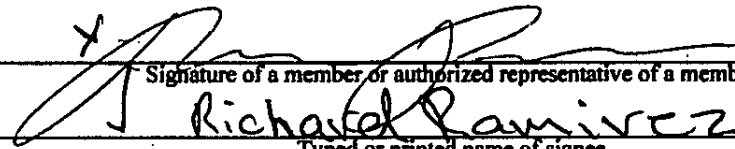
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Giselle Alvarez	414 Tropicana Ave SW Palm Bay FL 32908	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	RICHARD RAMIREZ	401 JUSTICE TERR 401 JUSTICE TERR PORT SAINT LORIE, FL 34983	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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SECRETARY OF STATE

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
Richard Ramirez
Typed or printed name of signee