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2011 FEB 22 PH 2: 52 SECRETARY OF STATE.

Office Use Only

## **COVER LETTER**

TO:	Registration S Division of Co					
SUBJE	CCT:	υ	NPK LLC			
00000		Name of Lim	ited Liability Company			
The end	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please	return all corresp	ondence concerning this matte	r to the following:			
			SILVIA BROGNO			
			Name of Person			
			UNPK LLC			
			Firm/Company		_,	
		2801 NE	208 TERRACE, 2ND FLOOR		2011 FEB	
		7	Address		是 图	
		A	VENTURA, FL 33180		22 SSE	
			City/State and Zip Code			
		MARINA@ E-mail address: (	TEAMREMANAGEMENT.CO. to be used for future annual report notificati	M on)	Sizi in	₹
For furt	her information	concerning this matter, please of	·	, i	52	
		VIA BROGNO	<u> </u>	l - 4845		
	Name o	of Person	Area Code & Daytime Te	lephone Number		
Enclose	d is a check for t	he 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 Certificate o Certified Co (additional c	of Status &	i)
	Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURIER Registration Section Division of Corporatio			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNPK				
(Name of the Limited Liability Compa (A Florida Limited)	i <mark>ny as it now appea</mark> Liability Company)	rs on our records.	1	
•				
The Articles of Organization for this Limited Liability Company	were filed on	01/18/2011	and assig	ned
Florida document numberL11000007167				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> :		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	any," the designatio	n "LLC" or the abl	oreviation
Enter new principal offices address, if applicable:	2801 NE 208	TERRACE		
(Principal office address MUST BE A STREET ADDRESS)	2ND FLOOR			
	AVENTURA,	FL 33180		
			FEB ML12 Allia	
Enter new mailing address, if applicable:	2801 NE 208	TERRACE	888 488 2	**************************************
(Mailing address MAY BE A POST OFFICE BOX)	2ND FLOOR			
<del> </del>	AVENTURA,	FL 33180		E Promotion to
			्रा क	********
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>ente</u>	r the name of	the new
registered agent and/or the new registered office address her	<u>c</u> .			
Name of New Registered Agent:		<del> </del>	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:				
	En	ter Florida street d	address	
		, Florida		
<del>- 1</del>	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>	Address	Type of Action
MGRM	MARTINI, RICARDO	T. 2801 NE 208 TERRACE 2ND FLOOR AVENTURA, FL 33180	✓ Add ☐ Remove
			Add Remove
			□ Damassa
			Add Remove
			Add Repove
			SSEE SAME FOR Remove
D. If amen	ding any other information, e	nter change(s) here: (Attach additional sheets, if neo	ര്ണ് ഗ
_			
Dated	FEBRUARY 15TH	Securer	
	Signature	of a member or authorized representative of a member	
		SILVIA BROGNO Typed or printed name of signee	
		Typed of printed name of signee	

Page 2 of 2

Filing Fee: \$25.00