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SECRETARY OF STATE DIVISION OF CORPORATIONS

MAY 2 9 2012 T. HAMPTON

COVER LETTER

TO:	Registration Section ** Division of Corporations	
SUBJI	T: Unimital ducity LLC Name of Limited Liability Company	
The en	osed Articles of Amendment and fee(s) are submitted for filing.	
Please	turn all correspondence concerning this matter to the following:	
	Mary Slaman Name of Person C/o Numing Success Umlimited LLC Firm/Company 18017 Arbor Crest Drive Address Tampa Horda 33647 City/State and Zip Code 100000000000000000000000000000000000	
	E-mail address: (to be used for future annual report notification)	
For fur	er information concerning this matter, please call:	
_47	Name of Person at (707) 799-5163 Area Code & Daytime Telephone Number	
Enclos	is a check for the following amount:	
□ \$25	0 Filing Fee \$\ \bigs\{ \text{S30.00 Filing Fee & } \ \text{Certificate of Status} \text{Certified Copy & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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 SECRETARY OF STAFF ARTICLES OF ORGANIZATION OF CORPORATE OF

, , , , , , , , , , , , , , , , , , , ,	OF		12 MAY 25 PM I	2: 30		
(Name of the Limited Liabil (A Florid	JUCCL lity Company la Limited Lial	as it how appears oility Company)				
The Articles of Organization for this Limited Liability Florida document number <u>L/100003203</u>	Company w			and assigned		
This amendment is submitted to amend the following	:					
The new name must be distinguishable and end with the value.	ted LL					
Enter new principal offices address, if applicable:		same a	s acordia	- 5 OR		
(Principal office address MUST BE A STREET AD	DRESS)	tile u	idh Sun B	<u>iz</u> –		
	-			0		
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
	-					
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:	N/A					
New Registered Office Address:	<i>'</i>					
		Ente	r Florida street addre	ess		
·	·		, 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 = M MGRM =	anager Managing Member		`
<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	1/4	e(s) here: (Attach additional sheets, if necessary.)	
_	,		FILE FILE SECRETARY COR
Dated	May 22 . 20	12.	9 STATE BET STATE BET STATE ONE PM 12: 30
	MARY SEAMA	or authorized representative of a member or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00