L12000002924

(Requestor's Name)					
(Address)					
(Address)					
(City	//State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only

B. KOHR

JAN 2 C 2012

EXAMINER



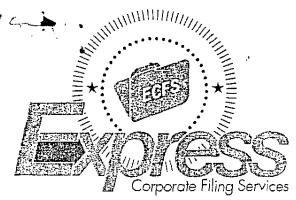
200216549162

-01/26/12--01006--003 **75.00

DEPARIMENT OF STATE

ON SON DE CORPORATIONS

12 JAN 26 PM 1. 5.



1000 Ponce de Leon Bivd. Suite: 101

Coral Gables, FL 33134 Phone: 305 444 4994

Email- filing@ecfsfiling.com

12 JM 25 PM 1:05

CORPORATION I	NAME(S) & DOO	CUMENT NUMBE	R(S) (if known):		
. Unic	que He	Hagaz.	ine UC (Dacument #)		
(Co	oration Name)		(Document #)		
(Corporation Name)		<u> </u>	(Document #)		
(Соп	(Corporation Name) (Do		(Document #)		
(Corp	oration Name)		(Document #)		
☐ Walk in	Pick up time		Certified Copy		
Mail out	Will wait	Photocopy	Certificate of Status		
	,				
NEW FILINGS		MENDMENI	S		
Profit		Amendment	Amendment		
NonProfit		Resignation of R.A.,	Resignation of R.A., Officer/ Director		
Limited Liabilit	у	Change of Registered Agent			

Dissolution/Withdrawal

REGISTRATION/ QUALIFICATION

Limited Partnership

Examiner's Initials

Reinstatement

Trademark

Other

Merger

Foreign

OFFICE USE ONLY

CR2E031(9/92)

Domestication

Annual Report

Fictitious Name

Name Reservation

OTHER FILINGS

Other

Property of

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

"UNIQUE ME MAGAZINE" LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) JAN 06, 2012 The Articles of Organization for this Limited Liability Company were filed on _____ L12000002924 Florida document number 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." 2933 SW 3rd AVE Enter new principal offices address, if applicable: MIAMI, FL 33129 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 2933 SW 3rd AVE MIAMI, FL 33129 (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: CLAUDIA URIBE ORRETT Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

2933 SW 3rd AVE

MIAMI

Citv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida 33129
Zip Code

Page 1 of 2

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>	Name	Address	Type of Action
MGR	MAYBI PEREZ IGLESIAS	8846 SW 129 TER SECOND FLOOR MIAMI, FL. 33176	
MGR_	CLAUDIA URIBE ORRETT	8846 SW 129 TER SECOND FLOOR MIAMI, FL. 33176	
MGR	CLAUDIA URIBE ORRETT	2933 SW 3RD AVE MIAMI. FL. 33129	
			Add
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sh	eets, if necessary.)
Dated	,	 Inuclia A. Or	12 AA
	Signature of a member	or authorized representative of a m	nember
		DIA URIBE ORRETT	
	Typed o	or printed name of signee	

Page 2 of 2