

L12000055461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

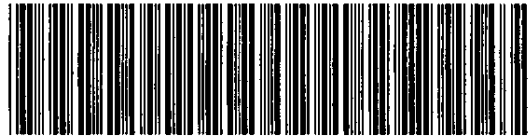
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. BRUCE

DEC 17 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: unlave Wholesale 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:

Shakil Isani
Name of Person

unlave Wholesale llc
Firm/Company

1900 Premier Row
Address

Orlando FL 32809
City/State and Zip Code

shakil.occ@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shakil Isani at (407) 468-9099
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

Unique Wholesale 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 4/24/12 and assigned
Florida document number L12000055461.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1900 Premier Row
Mando FL 32809

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:

Shakil isani

New Registered Office Address:

1900 Premier Row

Enter Florida street address

Mando

Florida

32809

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

Title	Name	Address	Type of Action
MGR	VIRANI AMIN S	9127 EDENSHIRE Circle	<input type="checkbox"/> Add
		omando FL 32836	<input checked="" type="checkbox"/> Remove
MGRM	DHANANI ALKARIM M	8016 Firenze Blvd	<input type="checkbox"/> Add
		omando FL 32836	<input checked="" type="checkbox"/> Remove
MGRM	MANJANI NAUSHADA	12979 Daughtery Dr	<input type="checkbox"/> Add
		Winter Garden FL 34787	<input checked="" type="checkbox"/> Remove
MGR	RADHIKA MEHTA	5027 CARLION LANE	<input checked="" type="checkbox"/> Add
		Windermere omado	<input type="checkbox"/> Remove
		FL #34786	
MGRM	HUSSAIN NOORANI	160 Stanton Circle	<input checked="" type="checkbox"/> Add
		Oldsmar FL omado	<input type="checkbox"/> Remove
		FL 34677	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated Dec 11th 2012, _____.

R. J. Mehta

Signature of a member or authorized representative of a member

Radhika Mehta.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA