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SECRETARY OF STATE

C. LEWIS

MAY 8 - 2013

EXAMINER

COVER-LETTER -

TO:

Registration Section Division of Corporations

SUBJECT

UNC, Holding 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:

Uwe Rusch

Name of Person

UNC, Holding LLC

Firm/Company

2624 Sw 4th. Ave.

Address

Cape Coral, FL 33914

City/State and Zip Code

info@mindfoods.us

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

For further information concerning this matter, please call:

Uwe Rusch

_{at (}239₎8107941

Name of Person

Area Code & Daytime Telephone Number

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

13 MAY -7 PM 1:59

UNC, Holding LLC

(Name of the Limited Liability Company as it now appears on our vectority SEE, PLORIDA:

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on 01/28/2013	and assigned
Florida document number L12000120581	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Company," the designa	ntion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
e grafie '		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
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B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	eet address
	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		FILED		
<u>Title</u>	Name	13 MAY -7 PM 1: 59 Address SECRETARY 24 PM	Type of Action	
MGRM	Volker Strobel	Address SECRETARY DE STATE 63 CoraZon de Oroda.	Add	
		Cerrillos, NM 87010	Remove	
			Add	
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		13 MAY -7 FM 1: 59
		GECKETARY OF STATE TALLAHASSEE, FLORIDA
Dated 05/03		
Signa Uwe Rusch	ture of a member or authorized representati	ve of a member
	Typed or prised name of cignee	
	Page 3 of 3	
	Filing Fee: \$25.00	