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

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J. SAULSBERRY EXAMINER MAY 17 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT.

GENUINE & UNIQUE 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:

JORDI R TORRENTS

Name of Person

JORDI R TORRENTS PA

Firm/Company

2655 LE JEUNE ROAD - SUITE 804

Address

CORAL GABLES FL 33134

City/State and Zip Code

JORDI.TORRENTS@TORRENTSLAW.COM

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

For further information concerning this matter, please call:

JORDI R TORRENTS

.,305**.446 6244**

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

GENUINE & UNIQUE LLC			
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records. iability Company))	
The Articles of Organization for this Limited Liability Company Florida document number L13000034508.	were filed on MARCH 6 2013	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	2328 N MIAMI AVENUE		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FLORIDA 33127	强!	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2328 N MIAMI AVENUE MIAMI FLORIDA 33127		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·	ter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florid	a Zip Code	
	City	Zip Couc	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u></u>			Add
			Remove
			Remove
			Add
			Remove
			Add
			Remove
			10 m
			Add Add
			Remove
		-	Add
			Remove

D. If amending any other inform	mation, enter change(s) here: (Attach additional sheets	i, if necessary.)
. •		
.		
Dated MAY 13	, 2013	
	Hueres Do	
	Signature of a member or authorized representative of a mem	ber
XIMENA EST	TADELLA	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

2013 MAY 16 AM 8: 41