# L14000053365

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APR 1 1 2013
T. HAMPTON

## **COVER LETTER**

то:	Registration Sec Division of Corp			
SUBJE	СТ:	B-UNIQ ( Name of Limi	Creations Lited Liability Company	<u>.L.C.</u>
The enc	losed Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please r	eturn all correspon	dence concerning this matter t	to the following:	
		Maria	Name of Person	
		B-Unic	2 <u>Creations</u> 1	<u>LLC</u>
		976 Kei	nwre St Address	
		nw. Pal	City/State and Zip Gode	2907
		E-mail address: (t	o be used for future annual report notifica	Hoo. com
For furt	her information co	ncerning this matter, please ca	ıll:	
	Mariar Name of I	Perez Person	at (321) 745 Area Code Daytime To	-5262 elephone Number
Enclose	d is a check for the	following amount:		
ቜ \$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

Bunia Creat	ions LLC	2014 A SECE TALLA
(Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1400053365	1-11	Meand assigned T
This amendment is submitted to amend the following:		2: 51 2: 51 08:04
A. If amending name, enter the new name of the limited liab	pility company here:	-
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	976 Kenn	nore SI
(Principal office address MUST BE A STREET ADDRESS)	7.0. Palm k	pay Fl.
Enter new mailing address, if applicable:	Same as	s Above.
(Mailing address MAY BE A POST OFFICE BOX)	•	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	City	7in 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGP	Mariano Perez	976 Kenmore ST n.W	Add
	•	976 Kennore ST n.W. Dalm bay Fl, 32907	Remove
			□ Add
			□ Remove
			Remove
		PERCECULARY SEE	= [
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ctive date, if other th	an the date of filing:	(optional)
effective date must be speci	ific, cannot be prior to date of receipt o	(optional) or filed date and cannot be more than 90 days after
effective date must be speci	tan the date of filing:  ific, cannot be prior to date of receipt of by the Florida Department of State)	(optional) or filed date and cannot be more than 90 days after
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effective date must be speci	ific, cannot be prior to date of receipt of by the Florida Department of State)	(optional) or filed date and cannot be more than 90 days after

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Filing Fee: \$25.00

2014 APR 10 PM 2: 51 SECRETARY SEE TO SHARE