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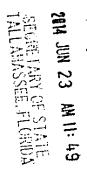
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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N. Guillean JUN 2 3 2014:

→ COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Unique Quality Painting 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:

Eduardo L Sanchez

Name of Person

Unique Quality Painting LLC

Firm/Company

429 Mallard Lane

Address

Kissimmee FL 34759

City/State and Zip Code

e.1979.sanchez@gmail.com

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

For further information concerning this matter, please call:

Eduardo L Sanchez

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

	OF	724 721 721	
Unique Quality Painting LLC			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
(A Florida Li	mited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Con	npany were filed on 6-4-20		
Florida document number L14000089950		<u> </u>	
Florida document number 21.100000000		DA 1.	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limite</u>	d liability company here:		
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	Eduardo L Sar	nchez	
(Principal office address MUST BE A STREET ADDRES	ss) 429 Mallard La	429 Mallard Lane	
	Kissimmee, Fo	orida 34759	
	Edwards I Oss	b	
Enter new mailing address, if applicable:	Eduardo L Sar		
(Mailing address MAY BE A POST OFFICE BOX)	429 Mallard La	ane	
	Kissimmee, Fl	orida 34759	
B. If amending the registered agent and/or register registered agent and/or the new registered office address		records, enter the name of the nev	
registered agent and or the new registered office address	<u> </u>		
Name of New Registered Agent: Eduar	do L Sanchez		
New Registered Office Address: 429 N	lallard Lane		
	Enter Florida str		
Kissin	nee	, Florida 34759	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Eduardo L Sanchez	429 Mallard lane	■ Add
		Kissimee, Florida 34759) _□ Remove
		President/CEO	
			PADA 23
			FILED Remove Remove
	<u> </u>		
			□ Add _□ Remove

D. If amending any other information	,	
Flease add FEI/	EIN Number : 47-101	9470
•		
	•	
	,	<u> </u>
E. Effective date, if other than the da (The effective date must be specific, cannot be the date this document is filed by the Florid	e prior to date of receipt or filed date and canno	(optional) ot be more than 90 days after
Dated June 5th	2014	
1	2/.5	
	mature of a member or authorized representati	ve of a member
Eduardo L Sa		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

Date of this notice: 06-04-2014

Employer Identification Number: 47-1019478

Form: SS-4

Number of this notice: CP 575 G

UNIQUE QUALITY PAINTING LLC EDUARDO L SANCHEZ SOLE MBR 429 MALLARD LN KISSIMMEE, FL 34759

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-1019478. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is UNIQ. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.