

L14000094743

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H15000063064 3)))



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RECEIVED  
15 MAR 12 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL REGISTRATIONS  
UNIFORM INFORMATION SERVICES

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : F & S PROJECTS CORP  
Account Number : I20120000041  
Phone : (954) 482-9681  
Fax Number : (954) 482-8696

15 MAR 12 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
UNIKFIT SPORTSWEAR LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

(H15000063064 3)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UNIKFIT SPORTSWEAR 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:

RAFAEL FERRER

Name of Person

F&S PROJECTS CORP

Firm/Company

1920 N COMMERCE PARKWAY, STE. 1920-3

Address

WESTON, FL 33326

City/State and Zip Code

CONTACT@FANDSPROJECTS.COM

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

For further information concerning this matter, please call:

RAFAEL FERRER

Name of Person

at ( 954 ) 482.9681

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

(H15000063064 3)  
**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

**UNIKFIT SPORTSWEAR LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
 (A Florida Limited Liability Company)

FILED  
 15 MAR 12 PM 1:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/12/2014 and assigned  
 Florida document number L14000094743

This amendment is submitted to amend the following:

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

*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:

8800 NW 97TH AVE, # 210.

(Principal office address MUST BE A STREET ADDRESS)

MEDLEY, FL. 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

F&S PROJECTS CORP

New Registered Office Address:

1920 N COMMERCE PARKWAY, STE. 1920-3

*Enter Florida street address*

WESTON

*City*

Florida 33326

*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 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

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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>	<u>Address</u>	<u>Type of Action</u>
MGRM	GONZALEZ, OICANGI	10201 NW 58TH STREET	<input type="checkbox"/> Add
		DORAL, FL. 33178	<input checked="" type="checkbox"/> Remove
MGRM	GONZALEZ, JAVIER	10201 NW 58TH STREET	<input type="checkbox"/> Add
		DORAL, FL. 33178	<input checked="" type="checkbox"/> Remove
MGRM	GONZALEZ, ORLANDO	10201 NW 58TH STREET	<input type="checkbox"/> Add
		DORAL, FL. 33178	<input checked="" type="checkbox"/> Remove
MGRM	GOTERA, LEYWHER	8800 NW 97TH AVE, # 210	<input checked="" type="checkbox"/> Add
		MEDLEY, FL. 33178	<input type="checkbox"/> Remove
MGRM	GARCIA, CARLOS LUIS	8800 NW 97TH AVE, # 210	<input checked="" type="checkbox"/> Add
		MEDLEY, FL. 33178	<input type="checkbox"/> Remove
			<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.)*

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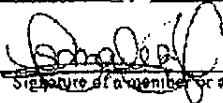
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3/11/2015



Signature of a member or authorized representative of a member

OICANGI GONZALEZ

Typed or printed name of signer