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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

TO:	Registration Se Division of Cor			*
CHIDAR		ALES AND MARKETING FI	L L.L.C.	
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspo	ndence concerning this matter	to the following:	
		George Mandras		
			Name of Person	
		UNIQUE SALES AND M	ARKETING FL L.L.C.	
			Firm/Company	
		6215 Donegal Drive		
			Address	
		Orlando FL 32819		
			City/State and Zip Code	
		gmandras1@gmail.com		
		E-mail address: (to be used for future annual report notifi-	
For furt	her information c	oncerning this matter, please ca	all:	
George	Mandras	-	646 302-8542 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
				3200 C
Enclose	ed is a check for the	ne following amount:		
\$25	5.00 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

TO ARTICLES OF ORGANIZATION OF

UNIQUE SALES AND MARKETING FL L.L.C.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Clorida document number	were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Christopher Mandras	
Principal office address MUST BE A STREET ADDRESS)	Lauren Mandras	
		7 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		Arm Johnson
The state of the s		
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our rec	cords, enter the name of the
egistered agent and/or the new registered office auditess her	<u>e</u> .	
Name of New Registered Agent:		,
New Registered Office Address:		
	Enter Florida street a	
	City	, Florida
	•	

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Christopher Mandras	6215 Donegal Drive	Add
		Orlando FL 32819	
			Remove
			Change
AMBR	Lauren Mandras	6215 Donegal Drive	a Add
		Orlando FL 32819	
			□ Remove
			Change
			□ Add
			是 语 Remove
			☐ Change
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			Change

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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of fil te: If the date inserted in this block does not meet the applicable statuto cument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective 90th day after the record is filed.	ory filing requirements, this date will not be liste
December 12th 2015	
ted	

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Filing Fee: \$25.00