15000143766

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(Address)
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(City/State/Zip/Phone #)
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2015 NOV 20 PN 4: 26

K.SALY EXAMINER NOV 23 2015



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 6, 2015

UNI STORE LLC KAY REYES 601 E KENNEDY BLVD. #102E TAMPA, FL 33602

SUBJECT: UNI STORE LLC Ref. Number: L15000143766

We have received your document for UNI STORE LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is the missing page for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 315A00023535

COVER LETTER

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

	FILED
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PALLAH	PM 4: 26
<u>.</u>) '	TOSEE, FLORID,

Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Plant See Florida.

The Articles of Organization for this Limited Liability Company were filed on Plant See Florida document number LISO06 1437 66

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the ab

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager Authorized Member				
<u>Title</u>	<u>Name</u>		Address	#102 E	Type of Action
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ffecti	ve date, if other than the date of filing: (optional)
fan eff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
locum	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
locum e rec	90th day after the record is filed.
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Page 3 of 3

Filing Fee: \$25.00