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SECRÉTARY OF STATE TALLAHASSEE, FLORIDA

2016 NOV -3 PM 1: 31

K. SALY NOV -4 2016

## **COVER LETTER**

TO: Registration Se Division of Cor			
CHANGE C	OF NAME		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Milton Freitas		
	<del></del>	Name of Person	- · · · · · · · · · · · · · · · · · · ·
	Beyond Cabinets of Florida	a, LLC	
		Firm/Company	<del></del>
	2160 NW 22nd St.		
		Address	<u></u>
	Pompano Beach, FL 33069		
		City/State and Zip Code	
	beyondcabs@gmail.com		
	E-mail address: (t	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Milton Freitas		954 234-0561 at ( )	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	he 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

2016 NOV -3 PM 1:30
ALLAHARY OF CT.

Beyond Cabinets of Florida, LLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000127879</u> .	were filed on July 06, 2016 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	pility company here:		
Uniksmart LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2160 NW 22nd St.		
(Principal office address MUST BE A STREET ADDRESS)	Pompano Beach, FL 33069		
	P O Box 4864		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Deerfield Beach, FL 33442-4864		
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the		
Nama of Nau Pasistanad Assat.	_		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: FILED MGR = Manager 2016 NOV -3 PM 1: 30 AMBR = Authorized Member **Type of Action Address** <u>Title</u> <u>Name</u> SECRETARY OF STATE TALLAHASSEE. FLORIDA □ Add ☐ Remove \_□ Change ☐ Add ☐ Remove ☐ Change \_□ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add \_□ Remove \_□ Change \_□ Add ☐ Remove \_□ Change

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Effective d	ate. if other ti	han the date	of filing				(ontional	`
If an effective	date is listed, the	date must be sp	pecific and can	not be prior to	date of filing or	more than 90	days after filing	) g.) Pursuant to 605.01
	effective date				ole statutory fil	ing requirem	ents, this date	will not be listed
he record	specifies a d	delayed effo	ective date	e, but not	an effective	time, at 1	.2:01 a.m.	on the earlier
The 90th	n day after t	the record i	s filed.					
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-		Signa	iture of a mem	ber or authori	zed representati	ve of a membe	г	<del></del>
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Filing Fee: \$25.00