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(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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Office Use Only



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SUBJECT:		ESIGN STUDIOS, INC			
SOBJECT.					
		Amendment and fee(s) are sub	-		
Please return	all correspo	ndence concerning this matter	r to the following:		
		PAUL F. SCHNEIDER, O	CPA		
			Name of Person		
		SCHNEIDER & ASSOCI	IATES OF SOUTH FLORIDA LLC		
			Firn/Company		
		150 SOUTH UNIVERSIT	ΓΥ DRIVE, SUITE A		
			Address		
		PLANTATION, FL 33324	4	Di to	57 29 29
City/State and Zip Code					
		PAUL@SCHNEIDERASS			2 7
For further in	formation co	ncerning this matter, please c	to be used for future annual report notificall:	cation)	0
PAUL F. SC	HNEIDER		954 474-8889 at ()		<u></u> 5
	Name of	Person		Telephone Number	
Enclosed is a	check for the	e following amount:			
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status & by

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

UNICO DESIGN STUDIOS INC
(Name of the Limited Liability Company as it now appears on our records.) (A Fiorida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
UNICO DESIGN STUDIOS, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
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:
New Registered Office Address:
Enter Florida street address , Florida
City Zip Code
New Registered Agent's Signature, il 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

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:

MGR = Manager

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Filing Fee: \$25.00

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