# U8000174763

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### **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
Unelma	ı Florida LLC		
SUBJECT:		ted Liability Company	·
The enclosed Article	s of Amendment and fee(s) are subr	nitted for filing.	
Please return all corr	espondence concerning this matter t	to the following:	
	Moran Haimzon		
		Name of Person	<del></del>
	1360 NW 65th Ave.	Finn/Company	
	Plantation, Florida 33313	Address	****
	Mike@bedandbrand.com	City/State and Zip Code	<u></u>
	E-mail address: (t	o be used for future annual report notifi	cation)
For further informati	on concerning this matter, please ca	dl:	
Moran Haimzon		at () 275-6180 Area Code Daytime	
Na	me of Person	Area Code Daytime	Telephone Number
Enclosed is a check (	or the following amount:		
□ \$25.00 Filing Fe	e □ \$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:

TO:

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

Unelma Florida LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on 07/19/2018	and assigned
lorida document number L18000174763		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		2 1
Enter new mailing address, if applicable:		PH D
Mailing address MAY BE A POST OFFICE BOX)		- UN
		<u></u>
3. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gitit Leibovitz	5457 SW 24th Ave Daina Beach, Florida 33312	■ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Remove
		<del></del>	Change
	<del></del>		
			Remove
		<del></del>	Change
			Add
		<del></del>	□ Remove
			Change

. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	<u>hna</u> . 3019.
	Signature of a member or authorized representative of a member
	Moran Hainzon Typed or printed name of signce

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Filing Fee: \$25.00