118000226793

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Unique Hite Name of Limit	Designs, LLC ted Liability Company	
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
Travis	S E Hite Name of Person	
Unique	Hite Designs U	
15275 Coll	hier blud #201-5	6°1
•	City/State and Zip Code Cychi tedes igns (Code of the code of the code)	im fication)
For further information concerning this matter, please ca	II:	
Travis Hite Name of Person	at (<u>239</u>) <u>961 -</u> Area Code Daytim	3944 e Telephone Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

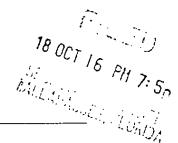
TO:

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



Unique Hite	: Designs, LLC	r records.)
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on ou ida Limited Liability Company)	r records.) $\sim \mathcal{O}_{1}/\mathcal{O}_{4}$
The Articles of Organization for this Limited Liability	Company were filed on	24-18 and assigned
Florida document number <u>L18000226793</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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:

MGR = Manager

AMBR = Authorized Member

Type of Action Title Name <u>Address</u> 15275 Collier blvd #201-569 0 Add Travis E. Hite MGR Naples, Fl 34119 - Remove Change Juliana Garcia 15275 Collier blud #201-569 0 Add HGR Naples F1 34119 🗷 Change □ Add ☐ Remove ______Add ☐ Remove— □ Ehange □ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change

					
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Note: If the date in:	ther than the date of sted, the date must be spec- serted in this block door to date on the Department	es not meet the applica	o date of filing or more the	(optional an 90 days after filin uirements, this date) g.) Pursuant to 605.0207 e will not be listed as
	es a delayed effec after the record is		an effective time	, at 12:01 a.m.	on the earlier of
Dated				Ô	
	Signato	ire of a member or autho	rized representative of a r	member	<u></u>

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Filing Fee: \$25.00