

L19000 110 673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

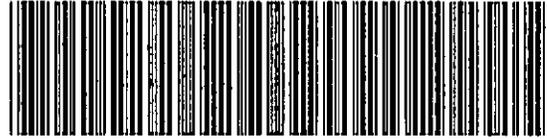
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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*Statement
of
Concussion*

JAN 0 , 2020
D CUCHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIQUE AUTOMOTORS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HUMBERTO MENA
Name of Person

UNIQUE AUTOMOTORS, LLC
Firm/Company

5861 SW 155 COURT
Address

MIAMI, FL, 33193
City/State and Zip Code

mhum29@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HUMBERTO MENA at (786) 277-3168
Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: UNIQUE AUTOMOTORS, LLC

SECOND: The Florida Document number of the limited liability company is: L19000110673

THIRD: Document to be corrected is: Authorized Person(s) Detail

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

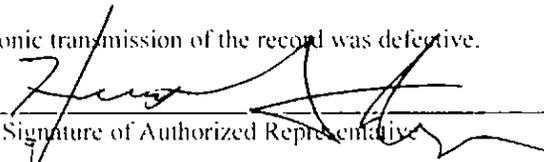
Incorrect statement: Title AP Corrected statement: Manager

OR

- Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- The electronic transmission of the record was defective.

 11-20-19
Signature of Authorized Representative Date

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Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)