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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Unice Adversion LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wanita Fleury Name of Person
Unloc Advesta, LLC Firm/Company
1145 N Shannon Ave, Unit 10
Indialante Fl 32903 City/State and Zip Code
E-mail address: (to be used for futbre annual report notification)
For further information concerning this matter, please call:
Name of Person at (32) 312-0853 Area Code Daytime Telephone Number
Area Code Daytine Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee & \Bigcup Certificate of Status & \Bigcup Certificate of Status & \Bigcup Certificate of Status & \Bigcup Certificate Opy is enclosed) \$\Bigcup \$60.00 Filing Fee & \Bigcup Certificate of Status & \Bigcup Certificate of Status & \Bigcup Certificate Opy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	pany as it now appears on our records.) ILiability Company)			
The Articles of Organization for this Limited Liability Company Florida document number LZ000926				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	bility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	nility Company "the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	n/A			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA.			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
 	, Florida			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	e performance of my duties, and I am familiar with and			

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>	<u>Address</u>	Type of Action
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	rame characterists. From: Helene S. Helene S.	ge Mayers	□Remove
	to	H	
	Helene Si.	Dee 11	□Add
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