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| (Re | questor's Name) | |
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| (Cit | ty/State/Zip/Phon | e#) |
| · PICK-UP | ☐ WAIT | MAIL |
| . (Bu | siness Entity Na | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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T BROWN MAR 2 5 2004

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Bunique, INC. (Name of Corporation) |
| DOCUMENT NUMBER: P04000043861 |
| The enclosed Articles of Correction and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| HARVEY J. KLAIMAN (Name of Person) |
| (Name of Firm/Company) |
| BOCA RATION FL. 33496 (City/State and Zip Code) |
| For further information concerning this matter, please call: HARVEY J. Klaiman at (56/ 302-3/30 (Name of Person) at (56/ Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| ☐ \$35.00 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status |
| S52.50 Filing Fee, Certificate of Status & Certified Copy |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, Florida 32314Tallahassee, Florida 32399 |



March 22, 2004

HARVEY J. KLAIMAN 6463 ENCLAVE WAY BOCA RATON, FL 33496

SUBJECT: BUNIQUE, INC. Ref. Number: P04000043861

We have received your document for BUNIQUE, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Letter Number: 004A00018638

Teresa Brown Document Specialist

SecureTrading Group

Memorandum

To:

Theresa Brown

From:

Harvey J. Klaiman

Date:

3/23/2004

Subject: NAME CHANGE/ Correction

Theresa,

I called today to find out why the name change from "Bunique" to "Rubee" was not done and I was told it was a oversight and to send this to your attention to get this done asap.

Instead of waiting and sending you back my original amendment which I was told you would be returning to me I decided to just send you this new form considering you have payment of \$52.50 in house already for the change.

Any questions at all feel free to contact me at 561-241-9982 or 561-441-1375

Harvey Klaiman/Stacey Klaiman

* ATTO THERESA BROWN

TO: Amendment Section Division of Corporations

| SUBJECT: NAME Correct | TION | |
|--|---|--|
| DOCUMENT NUMBER: P0400 | 0043861 | |
| The enclosed Articles of Amendment and fee are | submitted for filing. | |
| Please return all correspondence concerning this | matter to the following: | |
| STACEY KLA | PIMAN e of Person) | |
| Bunique, In | 1 - 37 | <u> </u> |
| 6463 ENCLAVE | Address) | |
| BOCA RAJON F | Z 33496 e/ and Zip Code) | |
| For further information concerning this matter, pl | lease call: | |
| Harvey Klainean (Name of Person) | at (56/) 24/- (Area Code & Daytime | 9982 Telephone Number) |
| Enclosed is a check for the following amount: | . em en | |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status | Certified Copy | \$52.50 Filing Fee Certificate of Status |
| ALREADY PAID | (Additional copy is enclosed) | Certified Copy (Additional Copy is enclosed) |
| Mailing Address | Street Address | |
| Amendment Section | Amendment Section | |
| Division of Corporations P.O. Box 6327 | Division of Corporations | |
| Tallahassee, FL 32314 | 409 E. Gaines Street Tallahassee, FL 32399 | |
| + WILLIAMODAA + T TANK + 1 | | |

Articles of Amendment Articles of Incorporation FILED

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TALLAHASSEL, ELORIDA

(Name of corporation as currently filed with the Florida Dept. of State)

D04000 43861
(Document number of corporation (if known)

| Pursuant to the provisions of section 607.1006, I adopts the following amendment(s) to its Article | | | Florida | Profit Co. | rporation | |
|--|--|----------------|---|-----------------|----------------|-------|
| NEW CORPORATE NAME (if changing): | # | | Pu | BEE | ZNO | |
| Rubee, INC. | (HAS | (2) | ES | AT | ENDA | Thick |
| (must contain the word "corporation," "company," or "in | | the abbi | eviation " | Corp.," "Inc | .," or "Co.") | AVAI |
| AMENDMENTS ADOPTED- (OTHER THA and/or Article Title(s) being amended, added or | N NAME C deleted: (<u>BE</u> | CHANG SPECI | E) Indic <u>FIC</u>) | ate Article | Number(s |) |
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| (Attach addition | onal pages if ne | cessary) | | · | <u>. 6 15 </u> | |
| If an amendment provides for exchange, reclassifor implementing the amendment if not contained | | | | | | |
| | <u> </u> | <u> </u> | | ÷ _: | <u>.</u> | |
| | | . | | <u>.</u> | | - |
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(continued)

| The date of each amendment(s) adoption: 3-23-04 |
|---|
| Effective date if applicable: (no more than 90 days after amendment file date) |
| (no more diance) days after amonament the date) |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast for the amendment(s) was/were sufficient for approval by |
| (voting group) |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. |
| Signed this 22ND day of March D4 |
| Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| STACEY KLAIMAN (Typed or printed name of person signing) |
| DIESIDENT |

FILING FEE: \$35

(Title of person signing)