## PD9000021734

(Re	equestor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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500236216135

06/15/12--01024--010 \*\*35.00

DIVISION OF CORPORATES

Amend 10 4/18/12

## COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: UNIQUE HOTEL	SENSE INC
DOCUMENT NUMBER: PO900021734	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	ng:
Ruth Santillanes Name of Cont	act Person
<u>Unique Hotel Sen</u> Firm/Co	• •
2595 Dale And D	rive.
Huines City FC 3	S3844 d Zip Code
E-mail address: (to be used for future ann	
For further information concerning this matter, please call:	
Ruth Soutillanes at (	)
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Flo	orida Department of State:
\$35 Filing Fee Status Status Certificate of Status Certified Co (Additional cenclosed)	py Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Unique Hotel Serse Inc	AFT 9: 26
(Name of Corporation as currently filed with the	lorida Dept. of State)
P09000021734	
(Document Number of Corporation (	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 690423
	P.O. BOX 690423 orlando FL 32869
D. If amending the registered agent and/or registered office add	tress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address: (City	, Florida
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	
Signature of New Registered	I.lgent. if changing

Executive Officer: CFO held. President, Treasure	= Chief er, Direc	Financial Officer. If an officer/d tor would be PTD.	irector holds more th	nan one title, list the first letter of each office
Changes should be noted a change, Mike Jones le Mike Jones, V as Remov	aves the	corporation, Sally Smith is named	Doe is listed as the F the V and S. These si	PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
l) Change Add Remove	_D_	Buth Sout	llanes	2595 Dale Ann Drive Huines City FL 33844
2) Change Add Remove		<u> </u>		
3) Change Add Remove				
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove				

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief

address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

If amending or adding additional Articles, enter change(s)	here:
attach additional sheets, if necessary). (Be specific)	<u> </u>
<del>/</del>	
f an amendment provides for an exchange, reclassification	, or cancellation of issued shares,
provisions for implementing the amendment if not contain (if not applicable, indicate N/A)	red in the amendment itself:
(i) not apprenie, maicale (v/l)	
_	

The date of each amendment(s) adoption:
Effective date if applicable: 06 / 07 / 2012
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted 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.
Dated 06/07/2012
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)
Luis Enrique Meja Vilandia
(Typed or printed name of person signing)
President
(Title of person signing)