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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations ION: UNIQUE 711255 NAME OF CORPORE DOCUMENT NUMBER: 17 1000036471 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correst undence concerning this matter to the following: Juliello dovary 1401 E. VINE ST, # 1405 Uniquetires@ Yahoo, con
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (401) 929562

Area Code & Daytime Telephone Number Name of Couract Person Enclosed is a check for a following amount made payable to the Florida Department of State: S35 Filing Fee ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Addres. Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

of

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	UNIQUE TIPES	COFFRANY	11 JUL -7	PM 2: ni
	(Name of Corporation as currently filed with P 10000 36	ith the Florida Dept. of	State HETARY	OF STATE
~	Y 10000 36	(47)	AMASSEE	. FLORIDA
	(Document Number of Corpo	oration (if known)		•

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

me must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or th me must contain the word "chartered," "pr	e designation "Corp," "In	ic," or "Co". A professione	
Enter new principal office address, if ap	plicable:		
incipal office address <u>(UST BE A STRE)</u>	<u>ET ADDRESS</u>)		
Enter new mailing address, if applicable	<u>e:</u>	4.5.	٠,
(Mailing address MAY BE A POST OFF)	ICE BOX)		
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If amending the regis red agent and/or	registered office address	in Florida, enter the name	of the
If amending the regis red agent and/or new registered agent and/or the new reg		in Florida, enter the name	of the
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<u>Name of New Registered Agent:</u>			of the
new registered agent and for the new reg	istered office address:	address)	of the
<u>Name of New Registered Agent:</u>	istered office address:		of the

(Attach additional sheets, if necessary) --Type of Action Address Title Name BENIQUE POLANDO MOI E. VINE ST FLYOT [] Add FISSIMME, FI 34MU & Remove KOI. E. VILLE ST 1403 Add KISSMMCE, FI 34114 Remove PENUELA GIBERIO 140) E. VIXLE St. 1403 DY Add KISSIMDE, PT JUNGY Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA)

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

removed and title, name, and address of each Officer and/or Director being added: