PIBULLUHSHS

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500303034945

09/01/17--01027--025 **35.00



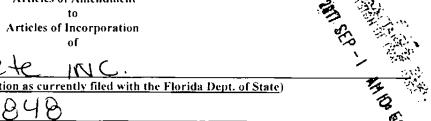
SER 0 6 7511

COVER LETTER

COVER LETTER
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Unique - Crete INC. DOCUMENT NUMBER: P130000 14848
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Peter Lansed Name of Contact Person Unique - Crete IN (Firm/ Company 370 Desoto Par Kway Address Satellite Beach, Ft 32937 City/ State and Zip Code Saga I St born @ gmail . Com U-mail address: (to be used for future aurulal report notification)
For further information concerning this matter, please call:
at () Name of Contact Person
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to



nt(s) to

(15000	mich Number of Corporation (if know	,
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this Florida Profit Corpor	ration adopts the following amendme
A. If amending name, enter the new name of the o	corporation:	
		77)
name must be distinguishable and contain the wa "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered." "professional association," or the	p," "Inc," or "Co". A professional	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u>)	
D. If amending the registered agent and/or register	ered office address in Florida, enter	the name of the
new registered agent and/or the new registered	d office address:	
Name of New Registered Agent		
 	(Florida street address)	
New Registered Office Address:		Florida
New Registered Office Address.	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Re	mistered Agent	
I hereby accept the appointment as registered agent.	I am familiar with and accept the ob-	ligations of the position
-	•	
<u></u>		

Signature of New Registered Agent, if changing

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:

(Attach additional sheets, if necessary)

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

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	\checkmark	Christopher Cockrell	531 Ronnie dr.
Add			Indian-Harbor Beach
Remove			FL, 32937
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
<u></u>	
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 8/28/2017	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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 8/28/2017 Signature Determent	_
(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)	
Peter Lansed	
(Typed or printed name of person signing)	
President	
(Title of person signing)	_