P14000101180

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Uniq - D, Inc. DOCUMENT NUMBER: P140000101180 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Romina Cognigni Name of Contact Person Uniq - D. Inc. Firm Company 1410 Celebration Ave. Bldg. 6-307 Address Celebration, Florida 34747 City' State and Zip Code rominacognigni77@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _at (407-968-993f) Area Code & Daytime Telephone Number Romina Cognigni Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filling Fee & □\$52.50 Filing Fee ■ \$55 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Uniq - D. Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P140000101180 (Document Number of Corporation (if known) Purspant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Afticles of Incorporation; A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word -corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co" A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." :231 Goldenrain Drive Apt 304 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Celebration, Florida 34747 231 Goldenrain Drive, Apt 304 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) Celebration, Florida 34747 D. Hamending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (thlorida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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 fulls:

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. It 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 PS1 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 Doc				
X Remove	$\underline{\mathbf{V}}$	Mike Jones				
_X Add	\underline{SV}	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s			
1) Change	P/3	Romina Cognigni	231 Goldenrain Dr. Apt 304			
Add	,		Celebration, FL, 34747			
Remove						
2)Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change		-				
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						
		0. 5.4				

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 N A)	
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The date of each amendment(s) adoption: _	8/03/2017	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	tho more than 90 days after amendment file o	late)
Note: If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statutory filing requires f State's records	nents, this date will not be listed as the
Adoption of Amendment(s) (<u>C1</u>	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the approval.	amendment(s)
The amendment(s) was/were approved by the must be separately provided for each voting	ne shareholders through voting groups. The follo g group entitled to vote veparately on the amend	wing statement Imentise:
	endment(s) was were sufficient for approval	
by		
(VO	ting groups	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action ar	nd shareholder
☐ The amendment(s) was were adopted by the action was not required.	incorporators without shareholder action and sh	archolder
Dated 8 05 201 Signature By a director, per	sident or other officer – if directors or officers ha orporator—it in the hands of a receiver, trustee.	ive not been
appointed fiduciary	y by that fiduciary)	
<u></u>	mina Cognigni (Typed or primed name) of porson signing)	
	President	