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TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	Unique Auto Corp	
DOCUMENT NUMBER:		P97000079140	
The enclosed Artic	les of Amendment and fee a	are submitted for filing.	
Please return all co	rrespondence concerning th	is matter to the following:	
-		Patricia Casso	
	ľ	vanie of Contact Person	
-	Ų	Jnique Auto Corp	
		Firm/ Company	
-	5	150 S. State Rd #7	·
		Address	
-		Davie, FL 33314	
		ity/ State and Zip Code	
	E-mail address: (to be use	utocorp@aol.com d for future annual report notification)	
For further informa	tion concerning this matter,	please call:	
P	atricia Casso	at (954) 3 Area Code & Daytime Tel	03-0831
Name (of Contact Person	Area Code & Daytime Tel	lephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Depar	tment of State:
	☐ \$43.75 Filing Fec & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	le

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

TATELANDE PAREOS Unique Auto Corp (Name of Corporation as currently filed with the Florida Dept. of State) P97000079140

(Document Nu	imber of Corporation (if known	own)
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this I	Florida Profit Corporation adopts the follo
A. If amending name, enter the new name	of the corporation:	
		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr	e designation "Corp," "In	c," or "Co". A professional corporation
B. Enter new principal office address, if ap	plicable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
	 -	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
D. If amending the registered agent and/or	registered office address i	n Florida, enter the name of the
new registered agent and/or the new reg		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street d	address)
		Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changi	ng Registered Agent:	
I hereby accept the appointment as registered a	agent. I am familiar with a	nd accept the obligations of the position.
	Signature of New Registered	d Agent, if changing

<u>Title</u>	<u>Name</u>	Address	Type of Actio
Direct.	Michael Walters	5150 S. State Rd 7 Davie, FL 33314	Add Remove
			☐ Add☐ Remove
	<u></u>		Add Remove
<u>-</u>			
provisi	mendment provides for an exchange, ons for implementing the amendmen not applicable, indicate N/A)		
provisi	ons for implementing the amendmen		

The date of each amendment(s) adoption:		
Effective date <u>if applicable</u> :	(date of adoption is required)	
	(no more than 90) days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed 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)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
Dated May	10, 2011	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	Harriet Walters	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	