

(Re	questor's Name)	 -
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	GE Unity LLC Name of Lir	nited Liability Company		
	Amendment and fee(s) are sub	_		
	— Muga	lala Charles-Pierre Name of Person	·	
	-	Firm/Contpany O N. 72 Wey Address		
		Ollywood, FL 3302. Chy/State and Zip Code a 8133 @ gmal. Com to be used for future annual report notif		2022 /
For further information co	ncerning this matter, please c	all: a(786) 2 7 7- <i>L</i>	LARY OF LARY SSEE	2022 AUG 30 PM 2: 34
Enclosed is a check for the		Area Code Daytime	Telephone Number	2: 34
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee Certificate of Sta Certified Copy tadditional copy is ea	atus &
Mailing Address:	<u>.</u>	Street Address:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ify LLC		
(<u>Name of the Limited</u> (Å	Liability Company as it now appear Florida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L 22000 316 35</u> 3		7 15 22	and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, <u>enter the new name of th</u>	ne limited liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:		
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BO</u> B. If amending the registered agent and/or registered and/or the new registered office address h	stered office address on our r tere:		
Name of New Registered Agent:	Magdala Charles	- Pierre	
New Registered Office Address:	Magdala Charles 361 N. 72 Way Enter Flor	uda street address	
	Hollywood	Florida	33024
	1 City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mer	Magdala Charlesfierre	361 N. 72 Way, Holly wood, FL 3302	4 XiAdd
			□Remove
•			□Change
AMBR	Prince Charles-Pierre	361 N. 72 Was, Holly wood, FL 3302	<u>4</u> □Add
			Remove
			□ Change
			□Add
		□Remove	□Remove
		TAUL .	22 ^{-Chamyr}
		HARY OF	2022 FUG 30 PM 2134
		SECRETARY OF STATE TAULAHASSES. FL	元 Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

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Effective date, if other than the date of filing: T 18 22 (optional)	_			<u>. </u>							
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