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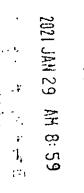
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Office Use Only



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COVER LETTER

TO:

Registration Section

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

Division of Cor	porations		
AVATAR SUBJECT:	MANAGEMENT, LLC		
50000CT.	Name of Lim	ited Liability Company	· ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CAROLE DEBAUDE		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	<u> </u>
	AVATAR PROPERTY &	CASUALTY INSURANCE	
		Firm/Company	
	1101 E. CUMBERLAND	AVENUE	
		Address	
	TAMPA, FLORIDA 3360	2	
		City/State and Zip Code	
	carole@avatarins.com	to be used for future annual report noti	(Tostion)
For further information c	oncerning this matter, please c	·	incarion)
Carole Debaude		813 551-2742	
Name o	t Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	.7	The Centre of T	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDIAL. TO ARTICLES OF ORGANIZATION OF 2021 JAH 29 AM 9:00

AVATAR MANAGEMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 01/03/2001	7 and ass	igned
Florida document number L0700000847			_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
Unifi Management LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designatio	on "LLC" or the abbreviation "L.	1C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u>-</u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records,	, enter the name of the nev	v registere
New Registered Office Address:			
	Enter Florida stree	et address	
		. Florida	
		, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	L		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	eperformance of my dut provided for in Chapter	ties, and Lam familiar wit. r 605 ES Or if this door	h and

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		The state of the s		
<u>Title</u>	<u>Name</u>	Address 2021 JAH 29 AM 9: 00	Type of Action	
		-3"	🖸 Add	
			□Change	
-			□Add	
			□Remove	
			□Change	
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			□Remove	
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			□Change	

Page 2 of 3

If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary), 4
<u> </u>	2021 JAH 29 AH 9: 00
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Effective date, if other than the date (If an effective date is listed, the date must be sp. Note: If the date inserted in this block didocument's effective date on the Department.	pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (locs not meet the applicable statutory filing requirements, this date will not be listed as t
he record specifies a delayed effe The 90th day after the record i	ective date, but not an effective time, at 12:01 a.m. on the earlier of: is filed.
Dated January 25th	ature of a member or authorized representative of a member
	Adhia Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00