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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
1-EWAWE Dimarche Name of Person
Firm/Company
13217 NW 74hAVE
Address NORTH MIAMI F. 33/68 City/State and Zip Code, City/State an
For further information concerning this matter, please call:
T-EVVA VOC DIMOVOLO at (786) 277-7914 Narme of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol
Mailing Address: Registration Section Registration Section

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

Unity M	anagement CLC)
(Name of the Limited	Liability Companyias it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	bility Company were filed on 03 30 30	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	2019 DI SECR TAI
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L. C."
Enter new principal offices address, if applicab	ole:	23
(Principal office address MUST BE A STREET	ADDRESS)	
	·	- F - S - F - F
		, EE 0
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE B</u> e	on	
Maning duaress MAI BE A LOST OF FICE BO		
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the na</u> here:	me of the new registered
		1
Name of New Registered Agent:	16Wance J. Dim	anche_
New Registered Office Address:	13217 NW 74h+	7VE
	Enter Florida street address AM Florida	33168
	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>	Name	Address	Type of Action
MGR	Denise Derius	13217 NW 74 AVE	□Add
		North Miami FL	. Remove
	_	33168	
Me	Terrance J. Dimarc	6 13217 NW 74AVE	E Add
		North Miami, FC	Remove
		33168 E	Remove
			23 T
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Effective date, if other than the date of filing:	of filing or more than 90 day	(optional)
Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	atutory filing requiremen	ts, this date will not be listed
e record specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earlier	of: (b) The 90th day after t
rd is filed.		
Dated 120m Del 16, 2019.		
~ 1/1/11/11/11/11/11/11/11/11/11/11/11/11		
Signature of a member or authorized r	epresentative of a member	

Filing Fee: \$25.00