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COVER LETTER

TO: ` Registration Section Division of Corporations
SUBJECT: Unity Management Marketing LLC 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:
Den se Denivs Name of Person
Unity Management Marketing LLC Fich/Company
13217 NW 7th ave
Miami, FL 33168 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 277 - 7914 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

Street Address:
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

FILED

2022 SEP -6 AM 9: 45

Unity Manage	ement Mo Liability Company of Florida Limited Liab	arketing Lias it now appears on our relative Company)	ecords.)	AHASSEE, FL
The Articles of Organization for this Limited Liab		re filed on <u>D3 20 </u>	2100 K	and assigned
This amendment is submitted to amend the follow	/ing:			
A. If amending name, enter the new name of the	he limited liability	y company here:		
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the designation	"LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET.	ADDRESS)			
	-			
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BO	<u>0x)</u> _			
	-			
B. If amending the registered agent and/or reg agent and/or the new registered office address		ress on our records, <u>e</u>	nter the na	me of the new registered
Name of New Registered Agent:	Joseph	Blanchard		
New Registered Office Address:	6489 B	Buchanan S Enter Florida street a	ddress	
	Hollywa	od	, Florida	33024
	0	City		Zip Code
New Registered Agent's Signature, if changing Re-	gistered 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	<u>Address</u>	Type of Action
AMBR	Terrance J Dimunche	13217 NW Tave	□Add
		Miani, FL 33168	ERemove
			□Change
AMBZ	Joseph Blanchard	189 Buchanan Street	
		Hollywood, Fr. 35064	□Remove
			□Change
			□Add
			□Remove
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f an effective date is listed Note: If the date insert	er than the date of fili , the date must be specific a ed in this block does no ate on the Department o	and cannot be prior to da	SIADUOTY TILIDO TEMBRE	(optional) 0 days after filing.) Purments, this date wil	ursuant to 605.0207 I not be listed as
	yed effective date, but n			rlier of: (b) The 9	Oth day after the
ated August	18 2 D2 8	WATE OF	A		
	Signature of	A member or authorized	representative of a mem	ber	
	rem	in 210 as	•		