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| (Re | questor's Name) | |
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| bA) | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | ocument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

N COOPER MAY 01 2018

COVER LETTER

| то: | Registration Section Division of Corpora | tions | | | |
|----------|---|--|--|---------------------|---|
| SUBJE | CT: | Family (| Mnify LL (| <u></u> | |
| The enc | losed Articles of Amer | ndment and fee(s) are subi | mitted for filing. | | |
| Please r | eturn all corresponden | ce concerning this matter | to the following: | | |
| | | Sh | awndra M | laine | |
| | | | | | |
| | | Fa | mily Unity | / | |
| | _ | | Firm/Company | | |
| | | 7264 W | Oakland Pa | ark Blug | / |
| | _ | | Address | | |
| | _ | Lauderhi | City/State and Zip Code | <i>3L</i> 3 | |
| | | • • | City/State and Zip Code | ^ 1 1 | 1.0 |
| | 5 | maine Hami | ly unity-bringing to be used for future annual w | eport notification) | getlerion |
| For furt | | ning this matter, please ca | | | |
| 5 | hawnera | Maine | at (954) 70 | 03-6200 | |
| | Name of Pers | on | Area Code | Daytime Telephone | Number |
| Enclose | ed is a check for the fol | lowing amount: | | | |
| \$25 | .00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | osed) C | 0.00 Filing Fee, tertificate of Status & tertified Copy (ddutional copy is enclosed) |

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Family U | Unity LLC | | |
|--|--|---|-------|
| | lity Company as it now appears on la Limited Liability Company) | our records.) | |
| The Articles of Organization for this Limited Liability (Florida document number | Company were filed on/ | $\frac{\sqrt{5/201/}}{201/}$ and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | | |
| The new name must be distinguishable and contain the words "Lir Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD | | APR 30 P | FILEC |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | # 3: 54 | CIATE |
| IMMINING MATERIAL DE A LOST OFFICE BOAT | | | - |
| B. If amending the registered agent and/or regi registered agent and/or the new registered office add | | ir records, enter the name of the | new |
| Name of New Registered Agent: | | | - |
| New Registered Office Address: | Enter Florida : | street address | - |
| | 724 | , Florida Zip Code | _ |
| | City | Zip Соле | |

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 |
|--------------|--------------------|--|---------------------|
| CHAR | Wylie L. HowardsR. | 2300 NW (the street | [{*]Add |
| | | 2300 NW 64 Street Pompano Beach, FC 33069 | Remove |
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| ective date, if other than effective date is listed, the date: If the date inserted in the tall the date on the date on the date on the date. | te must be specific and his block does not m | cannot be prior to d neet the applicable | ate of filing or more statutory filing re | (optional) than 90 days after filing equirements, this date | 2.) Pursuant to 605.0207 |
| record specifies a del he 90th day after the | | ate, but not a | n effective time | e, at 12:01 a.m. | on the earlier of |
| ed Cipril 2 | 5 | 2018 | | | |
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Page 3 of 3

Filing Fee: \$25.00