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(Requestor's Name)	
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(Business Entity Name)	
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Certified Copies Certificates of Status _	
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MILL TO ANTI- 15



COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	Athletic J.	Are	To the second
SUBJECT:	Name of Lim	ited Liability Company	3 Mg/4
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	Comon Mills
Please return all correspo	ondence concerning this matter	to the following:	<u> </u>
		Name of Person	·
		Firm/Company	
	 	Address	
		City/State and Zip Code	
		to be used for future annual report notil	ication}
For further information of	concerning this matter, please co	all:	
Name c	of Person	at () Area Code Daytime	· Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	=	Division of Corp The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	unidion LLC		
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	urs on our records.)	
The Articles of Organization for this Limited Liz	, -	08107/2013	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company h	ere:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company." the	designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	TADDRESS)		
	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	<u></u>		
	=		
B. If amending the registered agent and/or reagent and/or the new registered office address		records, <u>enter the nam</u>	e of the new registe
Name of New Registered Agent:	Michael V.	Parker II	
New Registered Office Address:	E.co. El	rida street address	
	rinter 110	riau sireet daaress	
	Ch.	, Florida	Zip Code
	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>	<u>Address</u>	Type of Action
AMBR	Michael V. Parker II	1700 OH River Tril	
		Chuluota, FL 32766	□Remove
			Detiange
			□Add
			□ Remove
			□Change
		***	□Add
			□Remove
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			□Remove
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Filing Fee: \$25.00