

5/1/23, 1:45 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
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**L16000005921**

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(((H23000162289 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6333

From:

Account Name : DOSSANIOS AND MACHADO, LLC  
Account Number : 120140000089  
Phone : (754)301-2128  
Fax Number : (954)252-4650

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: INFO@GESTAXACCT.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
UNIGRAN NET LLC

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## COVER LETTER

H230001622893

TO: Registration Section  
Division of Corporations

SUBJECT: UNIGRAN NET 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:

GILVAM DOS SANTOS

Name of Person

GFS TAX & ACCOUNTING SERVICES

Firm/Company

11764 W SAMPLE RD STE 102

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

INFO@GFSTAXACCT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILVAM DOS SANTOS

754

301-2128

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 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 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

H230001622893

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNIGRAN NET 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 11/09/2016 and assigned  
Florida document number L16000205921

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4801 S University Dr. Suite 2030

(Principal office address MUST BE A STREET ADDRESS)

Davie FL 33328

Enter new mailing address, if applicable:

4801 S University Dr. Suite 2030

(Mailing address MAY BE A POST OFFICE BOX)

Davie FL 33328

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

4801 S University Dr. Suite 2030

*Enter Florida street address*

DAVIE

Florida

33328

*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



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[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 28th 2023

Typed or printed name of signee

**Filing Fee: \$25.00**