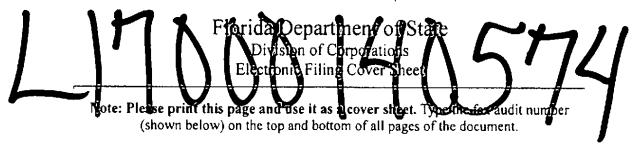
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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: LARSON ACCOUNTING AND CONSULTING SERVICES LLC Account Name

Account Number : I20160000067

Phone : (407)370-3686

Fax Number

: (407)370-3120

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

Email Address: MAY RA @ Larsonac. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **REAL UNITY LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

JUN 17 2022

M. BOLUMON

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Corporate Filing Menu

Help

COVER LETTER

	gistration Sec vision of Corp		v	
SUBJECT:	REAL UNI	TY LLC		
. SOUDEC. I.		Name of Lin	nited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
		CAROLINE LARSON		
			Name of Person	
		INTERNATIONAL DIVI	SON BY LARSON	
			Firm/Company	
		7901 KINGSPOINTE PAI	RKWAY STE 15	
			Address	
		ORLANDO, FL 32819		aution)
			City/State and Zip Code	<u></u> 성공
		mayra@larsonacc.com		OF THE PROPERTY OF THE PROPERT
For further in	nformation co	E-mail address: (ncerning this matter, please c	to be used for future annual report notificall:	ation) C. C.
CAROLINE			407 3703686 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		OF		•
REAL UNITY LLC				į
	nited Liability Co	mpany as d now appears on a	our records.) .	
	c∆ Florida Limi	ted Liability Company)		•
The Articles of Organization for this Limited	Liability Compa	any were filed on 06/28/2	017	and assigned
Florida document number 1.17000140574				
This amendment is submitted to amend the fo	llowing:		Conference on the Conference o	
A. If amending name, enter the new name	of the limited l	iability company here:		1
N/A		· · · · · ·		 -
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designa	ntion "LLC" or the al	bbreviation "L.L.C"
Enter new principal offices address, if appl	icable:	N/A	:	2
(Principal office address MUST BE A STRE			· · · · · · · · · · · · · · · · · · ·	~~~
	131 (1121/113.11)			
				
***		No.		역국 기업 - 1 0
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			<u> 3, %</u>
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75				
B. If amending the registered agent and/or agent and/or the new registered office addr	registered offic	ce address on our record	ls, <u>enter the nan</u>	<u>ie of the new registered</u>
agent and/or the new registered blate and	ess nere:			i 1
A1	N/A		1.	
Name of New Registered Agent:	MA			
New Registered Office Address:	N/A			I
		Enter Florida str	eet address	1
	N/A		Florida N	\mathbf{A}_{i}
		Cin		Zip Code
New Registered Agent's Signature, if changing	Registered Age	nt:		;
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and comple istered agent o registered offi	te performance of my d is provided for in Chapt	uties, and Lam J er 605, F.S. Or,	Camiliar with and if this document is
company has been notified in writing of this	change,];	; ,
			li	•
	18.4			
	If C	hanging Registered Agent, <u>Si</u>	gnature of New Res	tistered Agent

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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

Title	<u>Name</u>	Address	Type of Action			
AMBR	ALLISON DENNIS DELMAS NU	RUA SAO GONCALO, 712 APTO 1201	≅Add			
		JOAO PESSOA, PB, BRASIL	□Remove			
		CEP 58038-331	□Change			
			🖸 Add			
			□Remove			
			Change 202 JUN 1			
			□Remove HI2: 57			
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D. If an	nending any other informatio	m, enter chan	ge(s) here: (Attach add	litional sheets, if n	ecessary.)	4	
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If the reco	ord specifies a delayed effective dilled.	ate, but not an e	ffective time, at 12:01 a.r	π. on the earlier of: ((b) The ?	0th day after t	he
Dated	JANUARY, 20	20	D22		:		
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	EDUARDO A DA GAMA					,	
		Тур	ed or printed name of signed	· · · · · · · · · · · · · · · · · · ·			

Filing Fee: \$25.00