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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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Registration Section

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| Division of Cor | porations | | |
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| blect: <u>'Qqq</u> | ly First Immi | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Ronmal C | Name of Person | |
| | Family Firs | Firm/Company | cce_ |
| | 10482 NW | 31ST TEMACE 2 | <u> 2021</u> |
| | | Deval - FL - 3317. City/State and Zip Code | 2020 Fr 3 24 |
| | RonmalOff; E-mail address: (| mmigration. US to be used for future annual report not | |
| For further information c | oncerning this matter, please ca | all: | 20 20 |
| Ronmal Ch | Yv (a) | 774 Q457 | |
| Name o | f Person | at (<u>766)</u> <u>865 7</u> Area Code Daytin | ne Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| □ \$25.00 Filing Fee | S30.00 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 Addres Registration S Division of C | Section | Street Address: Registration Se Division of Co | |
| P.O. Box 632 | 7 | The Centre of | Γallahassee |
| Tallahassee, F | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned Florida document number U17000220770. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: unily first immigration LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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 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 |
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| ARTICLE III | |
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| Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records. | |
| e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ord is filed. | of: (b) The 90th day after t |
| Signature of a member 2020 | |
| Typed or printed name of signee | |