

L19000285359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

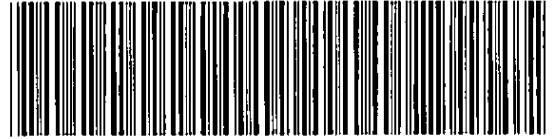
(Business Entity Name)

(Document Number)

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2023 JUN -5 AM 9:38  
FBI - JAX



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2023

NICOLE V FORD

10618 ECHO LAKE DRIVE  
ODESSA, FL 33556 US

SUBJECT: UNICORN PROPERTY HOLDINGS LLC  
Ref. Number: L19000285359

We have received your document for UNICORN PROPERTY HOLDINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez  
Regulatory Specialist II

Letter Number: 023A00011003

RECEIVED  
JUN 05 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UNICORN PROPERTY HOLDINGS, 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:

NICOLE V FORD

Name of Person

Firm/Company

10618 ECHO LAKE DRIVE

Address

ODESSA, FL 33556

City/State and Zip Code

THE4DFAM@GMAIL.COM

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

For further information concerning this matter, please call:

NICOLE V FORD at (727) 776-9991  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

UNICORN PROPERTY HOLDINGS, 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 11/12/2019 and assigned  
Florida document number L19000285359.

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:

(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:**

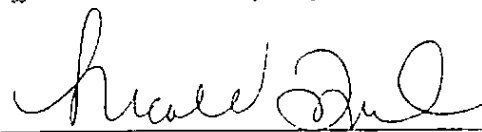
Name of New Registered Agent: NICOLE V FORD

New Registered Office Address: 10618 ECHO LAKE DRIVE  
*Enter Florida street address*

ODESSA, Florida 33556  
*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>	<u>Type of Action</u>
MGR	JERIMI S FORD	10618 ECHO LAKE DR, ODESSA, FL 33556	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NICOLE V FORD	10618 ECHO LAKE DR, ODESSA, FL 33556	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jerimi S. Ford Revocable Trust Agreement dated October 7, 2015, as amended and restated. Settlor/Trustor/Trustmaker/Grantor: Jerimi S. Ford	10618 ECHO LAKE DRIVE, ODESSA, FL 33556	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nicole V. Ford Revocable Trust Agreement dated October 7, 2015, as amended and restated Settlor/Trustor/Trustmaker/Grantor: Nicole V. Ford	10618 ECHO LAKE DRIVE, ODESSA, FL 33556	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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