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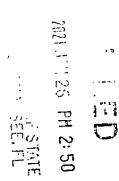
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SUBJEC			• .	ч
300,00			nited Liability Company	
The encle	T: Mane of Limited Liability Company seed Articles of Amendment and fee(s) are submitted for filing. urn all correspondence concerning this matter to the following: David S. Mallitz			
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		David S. Mallitz		
			Name of Person	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		DeBartolo Holdings, LLC		
			Firm/Company	
		15436 North Florida Aven	ue, Suite 200	notification) 2 ytime Telephone Number \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional cupy is enclosed) ESection Corporations of Tallahassee
			Address	· · · · · · · · · · · · · · · · · · ·
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			City/State and Zip Code	
		-		report notification) 4-8812 Daytime Telephone Number \$ \(\) \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Idress:
		E-mail address: (me of Limited Liability Company s) are submitted for filing. is matter to the following: Name of Person gs, LLC Firm/Company ida Avenuc, Suite 200 Address City/State and Zip Code choldings.com address: (to be used for future annual report notification) please call: at	
For further	r information c	oncerning this matter, please c	all:	
David S. 1	Mallitz			
	Name o	f Person		ne Telephone Number
Enclosed i	is a check for th	ne following amount:		
≡ \$ 25.00	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ction
D	ivision of C	orporations		
	.O. Box 632			
ı	allahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

• • • • • • • • • • • • • • • • • • • •		
(<u>Name of the Limited</u>	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on February 27, 2020	and assigned
Florida document number L20000065484 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 "LLC." 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)	and assigned	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BO	endment is submitted to amend the following: nending name, enter the new name of the limited liability company here: ame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC," or the abbreviation "LLC," we principal offices address, if applicable: and office address MUST BE A STREET ADDRESS) we mailing address, if applicable: address MAY BE A POST OFFICE BOX) ending the registered agent and/or registered office address on our records, enter the name of the new registered d/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	
		0 1
		30 3 0
B. If amending the registered agent and/or reg	istered office address on our records, enter the nam	e of the new registered
agent and/or the new registered office address	<u>here</u> :	6
Nama of Naw Projectored Assure		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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>	Address	Type of Action
MGR	Unity 4, LLC	15436 North Florida Avenue	
		Suite 200	■ Remove
		Tampa, FL 33613	_
AMBR	Unity 4, LLC	15436 North Florida Avenue	= Add
		Suite 200	☐Remove
		Tampa, FL 33613	□Change
		·	□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
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Effective date, if other than the date in an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	cooes not meet the applicable	late of filing or more than 90 c e statutory filing requireme	(optional) lays after filing.) Pursuant to 6 ents, this date will not be li	05.0207 sted as
e record specifies a delayed effective d rd is filed.	ate, but not an effective time,	at 12:01 a.m. on the earli	er of: (b) The 90th day af	ter the
Dated	, <u>2021</u>	,		
Dated January 22,	Ma Post			
Dail 1 9	Ma Post	ed representative of a member	r	

Filing Fee: \$25.00