

L20000 198543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

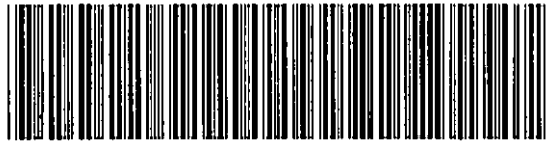
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000379592770

FILED

2022 JAN 14 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Y. SCOTT
JAN 21 2022

Y. SCOTT
JAN 13 2022

COVER LETTER

TO: Registration Section
Division of Corporations

COLLEGE THRIFTS LLC

SUBJECT: _____
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:

Patricia Garcia

Name of Person

COLLEGE THRIFTS LLC

Firm/Company

1406 NW 31st Ave

Address

Miami, FL 33125

City/State and Zip Code

GARCIAPL@USC.EDU

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

2022 JAN 14 PM 3:10
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Patricia Garcia

786 2475846

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

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

COLLEGE THRIFTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

07/10/2020

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number 120000198543.

This amendment is submitted to amend the following:

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

UNITHRIFTS LLC

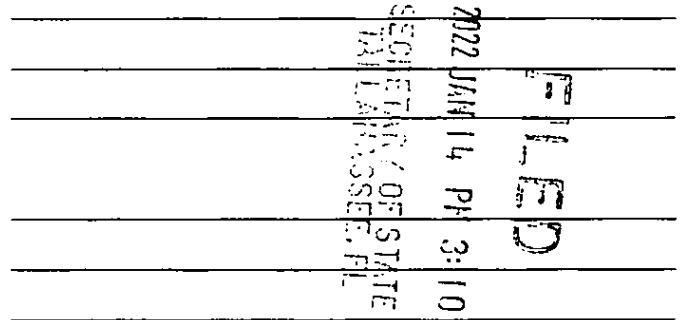
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

_____, 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>	<u>Address</u>	<u>Type of Action</u>
			<input 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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 JAN 14 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FL

2022 JAN 14 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2022 JAN 14 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

1/11/2022

Dated _____, _____.

Patricia Garcia

Signature of a member or authorized representative of a member

Patricia Garcia

Typed or printed name of signee