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(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
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COVER LETTER

Division				
		MITED, LLC		
, object		Name of Lim	ited Liability Company	
The enclosed Artic	cles of A	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter		
		Gelene Stewart		
			Name of Person	
		GMS UNLIMITED, LLC		
			Firm/Company	
		1144 Jaybee Ave		
			Address	,
		Davenport, FL 33897		
			City/State and Zip Code	
		thegmstrust@gmail.com		
			to be used for future annual report	notification)
or further inform	ation co	ncerning this matter, please co	all:	
Gelene Stewart		346 901-078°	7	
Name of Person			vtime Telephone Number	
inclosed is a chec	k for the	e 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 A			Street Address	
Registra Division		ection orporations	Registration Division of 0	
P.O. Bo				of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

FILED

2077 MAY 23 PM 12: 31

UNITE CAPITAL GROUP, LLC

AL GROUP, LLC

SECRETARY OF STATE

(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 Cor	npany were filed on 9/25/2020	and assigned	
Florida document number L20000303895			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
GMS UNLIMITED. LLC			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LL	C" or the abbreviation "L.IC."	
Enter new principal offices address, if applicable:	·		
(Principal office address MUST BE A STREET ADDRE	<u></u>		
	_		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>ente</u>	r the name of the new registered	
New Registered Office Address:	Enter Florida street addre		
	, F.	lorida	
New Registered Agent's Signature, if changing Registered A	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent being filed to merely reflect a change in the registered accompany has been notified in writing of this change.	d agree to act in this capacity. I fi aplete performance of my duties, a ant as provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is	

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:

$\mathbf{AMBR} = \mathbf{A}$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			©Remove
			[]Change
			□Remove
			Change
			□Add
			□Remove
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an effective date is liste	d, the date must be spec-	ific and cannot be	prior to date of fili	ng or more than 90	days after filir	ig.) Pursuant to	605,0207
	rted in this block does late on the Departme			y illing requiren	ients, this da	ie will not be	nsted as i
record specifies a del is filed.	ayed effective date, b	ut not an effecti	ve time, at 12:01	a.m. on the earl	ier of: (b)	The 90th day	after the
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