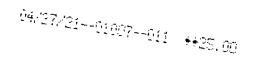
L21000064328

| (Re | equestor's Name) | | |
|---|-------------------|---------------|--|
| (Ad | dress) | | |
| (Ac | ldress) | | |
| (Cit | ty/State/Zip/Phon | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nar | me) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | 6/10/21 TM | |

Office Use Only



200364906032



RECEIVED
APR 2 6 2021

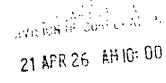
21 AFR 26 AH 10: 01

COVER LETTER

| TO: Registration Se Division of Cor | | | | | |
|--|--|---|---|--|--|
| Unified Soil | reing LLC | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | |
| The englosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | Allison Sutter | | | | |
| | | Name of Person | | | |
| | Unified Sourcing LLC | | | | |
| | Firm Company | | | | |
| | 621 Balibay Rd | | | | |
| | | Address | | | |
| | Apollo Beach, FL 33572 | | | | |
| | | City/State and Zip Code | | | |
| | unifiedsourcing@outlook.co | | <u> </u> | | |
| For further information of | e-man address: (concerning this matter, please c | to be used for future annual report not all: | incation) | | |
| Allison Sutter | | 707 6281425 | | | |
| Name o | of Person | at () Area Code Daytin | ne Felephone Number | | |
| Enclosed is a check for t | he 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 tadditional copy is enclosed) | | |
| <u>Mailing Addre</u> Registration | | Street Address: Registration Se | ection | | |
| Division of Corporations | | Division of Corporations | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| Unified Sourcing LLC | | |
|--|--|--------------------------------------|
| (<u>Name of the Limited Liability</u> (A Florida | : Company as it now appears on our Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 3/20/21 | and assigned |
| florida document number L21000 nG4328 | _·· | |
| This amendment is submitted to amond the following: | | |
| A. If amending name, <u>enter the new name of the limit</u> | ted liability company here: | |
| The new name must be distinguishable and contain the words "Limi | ted Liability Company," the designatio | n "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | <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 agent and/or the new registered office address here: | l office address on our records, | enter the name of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida stree | t uidvess |
| | | , Florida |
| | City | , Florida 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 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

And the second second second second

21 APR 26 AM 10: 00

| <u>Title</u> | Name | Address | Type of Action |
|--------------|----------------|--|----------------|
| AMBR | Allison Sutter | 621 Balibay Rd, Apollo Beach, FL 33572 | = Add |
| | | | □Remove |
| | | | = EChange |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | |
| | | | □Add |
| | | | □Remove |
| | | ···- | □Change |
| | | | |
| | | | □Remove |
| | | | □Change |

| D. If amending any other informa | tion, enter change(s) here: (4 | tuach addisional shect | s, if necessary.) 21 APR 26 | ልዛ ነው: በበ |
|--|---------------------------------------|---|---|---|
| <u> </u> | <u> </u> | | ZI AI II ZU | |
| | | | | |
| | | | | , |
| | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | |
| | | | | |
| | · | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| - | | | | |
| | | | | |
| | | | | |
| L. Effective date, if other than the (If an effective date is listed, the date mu- | date of filing: | | (optional) | |
| [If an effective date is listed, the date rm. Note: If the date inserted in this bi document's effective date on the D | lock does not meet the applicable. | te of filing or more than 90 statutory filing requiren | days after filing) Pu tents, this date wi | orsuum to 605 0207 (3) Il not be listed as the |
| the record specifies a delayed effective as the filed. | re date, but not an effective time, a | at 12:01 a.m. on the earl | ier of: (b) The 9 | Oth day after the |
| Dated March 20 | 2021 | | | |
| | | | | |
| - When | Signature of a member or authorized | Frepresentative of a memb | er | |
| Allison M. Sutter | | | | |
| | Typed or printed na | ing of Signee | | |

Filing Fee: \$25.00