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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration: Division of Co			
	nstruction, LLC		
SUBJECT: Name of Limited Liability Company			
	Timothy P. Atkinson, Esc] .	
		Name of Person	
	Oertel, Fernandez, Bryan	t & Atkinson PA	
		Firm/Company	
	PO Box 1110		
		Address	
	Tallahassee, Ft. 32302		
	·	·	
For further information o			tification)
Allyne M. Smith		850 521-0700	
Name o	d Person	at () Area Code — Daytii	me Telephone Number
Enclosed is a check for the	ne following amount:		
[] \$25.00 Filling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Taliahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Unity Construction, LLC			
(Name of the Li	mited Liability Com (A Florida Limited	pany as it now appears on our reco d Liability Company)	rds.)
The Articles of Organization for this Limited	Liability Compan	y were filed on 03/15/2021	and assigned
Florida document number 1.21000122209			
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
NO CHANGE			
The new name must be distinguishable and contain the	words "Limited Liab	pility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NO CHANGE	
(Principal office address MUST BE A STRE	EET ADDRESS)		
			183
Enter new mailing address, if applicable:		NO CHANGE	
(Mailing address MAY BE A POST OFFICE BOX)			
			TO COLLEGE
			60. 3
B. If amending the registered agent and/or	registered office	address on our records, enter	the name of the now registered
agent and/or the new registered office addr	ess here:		75 09
			LE -
Name of New Registered Agent:	George V. DiStefano		
New Registered Office Address:	NO CHANGE		
		Enter Florida street addre	
			orida
		City	Zin Cada

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
MRGM	George DiSterano	525 Ocean Blvd., Apt. 608	
		Long Branch, NJ 07740	_
MRG	Charles Balsamo	233 Country Club Dr.	□ Add
		Manasset, NY 11030	■Remove
			□Change
MRG	George V DiStefano	204 3rd Avenue	
		Bradley Beach, NJ 07720	□Remove
		(Change of address only)	■Change
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

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