## L21000244564

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
ζ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Littly Name)
(Document Number)
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TO: Registration Section Division of Corpora		•		
SUBJECT:	Son Produ Name of Lim	ited Liability Company	LLC	
The enclosed Articles of Amo	ndment and fee(s) are sub	mitted for filing.		
Please return all corresponder	ice concerning this matter	to the following:		
-	Karen S	Schneider Name of Person		
-	9924 Uni	Versal Blvd Firm/Company	224-153	
-		Address		
-	Orlando, F	L 32833 / City/State and Zip Code	9_13	
_	KS 50 (c a) E-mail address: (t	Fastmail Co to be used for future annual repo	nt notification)	
For further information conce	rning this matter, please ca	all:		
Kuren Sch Name of Per	neider	at ( <u>403</u> 7 Area Code D	77-3545 Paytime Telephone Number	
Enclosed is a check for the fo	llowing amount:			
\$25.00 Filing Fee C	\$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed	) Certified (	of Status &
Mailing Address: Registration Sect	ion	<u>Street Addre</u> Registratio	<del></del>	
Division of Corp			Cornorations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2022

KAREN SCHNEIDER 9924 UNIVERSAL BLVD 224-153 ORLANDO, FL 32819

SUBJECT: UNISON PRODUCTS GROUP, LLC

Ref. Number: L21000244564

We have received your document for UNISON PRODUCTS GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

The last page of the Articles of Amendment was not enclosed with the required signature. I am enclosing the page.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 622A00019249

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

## ARTICLES OF ORGANIZATION OF

FILED

Unison Products G	roup LLC	2022 NOV -7 PM 2: 33
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records hability Company)	SECHETARY OF SERVEY
The Articles of Organization for this Limited Liability Company Florida document number <u>L31000344564</u>	were filed on <u>04/24/</u>	/ PALLAHASSEE, FL  2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_ <del></del>	
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter t</u>	the name of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	•	rida
	City	Zip Code
NOTE OF THE CONTRACT OF THE CONTRACT AND ADMINISTRAL CONTRACT AND ADMINISTRAT AND ADMIN		

## 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.

d. iomotea mom ou- totoras.

 $MGR = \cdot Manager$ 

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Karen Schneider	9924 Universal Blud	□Add
		Orlando, FL 32819	□Rетюче
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Note: If the	ate, if other than the date is listed, the date me date inserted in this be effective date on the I	olock does not m	neet the applicable	late of filing or more statutory filing	(opti e than 90 days afte requirements, th	onal) r filing.) Pursuant to is date will not be	605,0207 (3)(1 listed as the
record'spec d is filed.	cifiestatdelayëd effecti	verdāte, bút noc	ān effective time	, at 12:01 a.m. on	the earlier of: (I	The 90th day	after the
		1	2032				
Dated/	november	·					
Dated/	November Karen	Signature of a m	1 Lember or authorize	ed representative of	a member		F. <u>"</u> 1.

Filing Fee: \$25.00