L21000272719

(Requestor's Name)	_
(Address)	
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COVER LETTER

TO: Registration Se Division of Co	•		
	ty Network Referral, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are suf-	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Teresa Zembillas Touchto	n	
		Name of Person	
	Unity Realty Network, LL	.c	
		Firm/Company	<u></u>
	1312 Grove Avenue		
		Address	
	Tarpon Springs, FL 34689	•	
		City/State and Zip Code	
	teresa.unityrealty@gmaill.c	com	
	E-mail address: (to be used for future annual report no	tification)
For further information of	oncerning this matter, please c	all:	
Teresa Zembillas Touch	ton	727 798-0384	
Name o	t Person		me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing 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 Pagistration		Street Address:	action
Registration S Division of C		Registration Solution of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2671 JU128 AH 7:49

Unity Realty Network Referral, LLC

(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 Compa	any were filed on June 11, 2021	and assigned
Florida document number L21000272719		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iahility company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
inding dutiess mill be ill out of the bon	-	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ce address on our records, en	ter the name of the new registered
Non registered office radical.	Enter Florida street aa	ldress
		. Florida
	·	Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>:nt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my duties as provided for in Chapter 60	s, and I am familiar with and 05, 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 11 JUN 28 AH 7: 49	Type of Action
MGR	Teresa Zembillas Touchton	1312 Grove Avenue, Tarpon Springs, FL 34689	🗏 Add
			□Remove
			Change
	.		□ Add
			□Remove
	•		Change
			□Add
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			Change

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Effective date, if other than the date in an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	c specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (k does not meet the applicable statutory filing requirements, this date will not be listed as tartment of State's records.
e record specifies a delayed effective d rd is filed.	late, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	3021
	1/1

Filing Fee: \$25.00