Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

....

Account Number : I20090000081

Fax Number

Phone

: (307)200-2803 : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:						

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 3ROOTS CONSTRUCTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

NOV - 8-2024

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 NOV -7 PM 3: 03

FALLAHASSEE, FLORID,

3Roots Construction LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Flonda Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on						
Florida document number L21000370099	· · · · · · · · · · · · · · · · · · ·					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	ollity company here:				
Unity Builds LLC						
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if appli	eable:	7901 4th St N STE 300				
(Principal office address MUST BE A STREA		St. Petersburg, FL 33702				
			<u>-</u> -			
Enter new mailing address, if applicable:		7901 4th St N STE 300				
(Mailing address MAY BE A POST OFFICE	BOX)	St. Petersburg, Fl. 33702				
B. If amending the registered agent and/or agent and/or the new registered office addresses	ess here:		nter the name of the new registered			
Name of New Registered Agent:	Northwest Reg	istered Agent LLC				
New Registered Office Address: 7901 4th St N		STE 300				
			Enter Florida street address			
	St. Petersburg		Florida <u>³³⁷⁰² </u>			
	<u> </u>	Ciņ	Zip Coxle			

New Registered Agent's Signature, il 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

11/7/2024 08:08:52 RST

To: 18506176383

Pa	ne.	3/4
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Fax: 8134365206

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>	<u>Address</u>	Type of Action
AMBR	Restrepo, Felix	7901 4th St N STE 300	<u> </u>
		St. Petersburg, FL 33702	□Remove
			C)Change
			□Add
			□Remove
			The hange
			一 福山 出
			SET DRemon
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			□Remove
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024 08:08:52 RST	To: 18506176383	Page; 4/4	Fax: 81343652
D. If amending any other i	nformation, enter change(s) here: (/	Attach additional sheets, if necessary.)	
			. <u> </u>
		50 	FIL TOWN
		<u>'z</u>	
			S 2 0
			3: 03
			<u></u>
			
Note: If the date inserted i	han the date of filing: date must be specific and cannot be prior to day in this block does not meet the applicable on the Department of State's records.	(optional) te of filing or more than 90 days after filing.) Pursustatutory filing requirements, this date will r	iant to 605,0207 (3)(b) not be listed as the
If the record specifies a delayed record is filed.	effective date, but not an effective time, a	it 12:01 a.m. on the earlier of: (b) The 90th	n day after the
Dated November 7	2024		
	Signature of a member or authorized		

Filing Fee: \$25.00

Typed or printed name of signee

Nat Smith