121000474765

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only





500391641525

SECRETARY OF STATE

COVER LETTER

TO: Registration Section

Division of Co	rporations	,		
	.COOSSEE DEVELOPMENT	, Ll.C		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
				2022 . SES TALL
	AMY BARNARD			
		Name of Person		ASS
	UNICORP NATIONAL I	DEVELOPMENTS, INC.		
		Firm/Company		7 OKU
	7940 VIA DELLAGIO W	AY, SUITE 200		<u> </u>
		Address		
	ORLANDO, FLORIDA 3	2819		
		City/State and Zip Code		
	AMY@UNICORP.COM			
		to be used for future annual report not	tification)	
For further information of	concerning this matter, please o	all:		
AMY BARNARD		407 999-9985 at ()		
Name o	of Person		ne Telephone 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)	Certified C	of Status &
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Co	rporations	
P.O. Box 632 Tallahassee, 1		The Centre of		0
i alialiassee,	しね シモントマ	2410 IN. MOIRC	oe Street, Suite 81	v

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7445	NAI	RCOOS	SSEE	DEVEL	OPMENT.	HC
777	17/11	$\alpha - \alpha - \alpha$		1715 Y 151.		L.1.\.

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

		лавину Сотралу)		
The Articles of Organization for this Limited Liability	Company	were filed on NOVEMBER 2, 2	and assigned	
Florida document number L21000474765	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the words "L	imited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		7940 VIA DELLAGIO WAY		
(Principal office address MUST BE A STREET ADDRESS)		SUITE 200	20722 TAL	
		ORLANDO, FL 32819		
Enter new mailing address, if applicable:		7940 VIA DELLAGIO WAY	Jii 27	
(Mailing address MAY BE A POST OFFICE BOX)		SUITE 200	1710 Pr	
Manuag duaress MAT BEA FUST OFFICE BUX		ORLANDO, FL 32819	95 9	
			र्वेत क	
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent: AM			the name of the new registered	
70.10	7940 VIA DELLACIO WAY SUITE 200			
New Registered Office Address:	2 Address: 7940 VIA DELLAGIO WAY, SUITE 200 Enter Florida street address			
ORL	ORLANDO Florida		rida 32819	
	City		Zip Code	
New Registered Agent's Signature, if changing Register	red 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
AP	GHANTOUS & BRANCH, PLLC	1927 FERNCREEK AVE	□Add
		ORLANDO, FL 32806	≣Remove
MGR	UNICORP INVESTORS III, LLC	7940 VIA DELLAGIO WAY	Add
		SUITE 200	NS 23 □ Remove
		ORLANDO, FL 32819	NH
			TO BE
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

N/A			
			
	 		
		77.40	90
			. 5
			==_
		AS S	\sim
			7:-
		: 15. 17.	<u>=</u>
		(S)	<u>ر</u> ى
		<u>ට</u> ්ග	<u>ی</u>
ctive date, if other than the date of filing: _ effective date is listed, the date must be specific and can	t be prior to date of filing or more than	(optional)	605
e: If the date inserted in this block does not meet	ie applicable statutory filing requi	irements, this date will not be	liste
iment's effective date on the Department of State	records.		
ord specifies a delayed effective date, but not an effled.	ective time, at 12:01 a.m. on the	earlier of: (b) The 90th day	after
med.			
JULY I	22		
ed John T	·		
Signature of a mem	r or authorized representative of a me	ember	-

Filing Fee: \$25.00