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(City	y/State/Zip/Phon	e #)
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Registration Section

TO:

Division of Cor	porations		
	INIONS REALTY LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Santa Heredia		
		Name of Person	
		Firm Company	
	3600 Nipa Dr		
		Address	
	Green Cove Springs, Fl 32	043	
		City/State and Zip Code	
	santah875@gmail.com		
For further information c	n-mail diddress; o oncerning this matter, please e	to be used for future annual report no all:	ancation)
Santa Heredia		904 466-9407	
Name o	f Person	at () Atea Code — Daytii	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	LI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632		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

UNITED UNIONS REALTY LLC

(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L21000483344	were filed on 11/09/2021 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:				
United Nations Realty 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 applicable:	767 BLANDING BLVD				
(Principal office address MUST BE A STREET ADDRESS)	Suite 110				
	Orange Park, Fl 32065				
Enter new mailing address, if applicable:	3600 Nipa Dr				
(Mailing address MAY BE A POST OFFICE BOX)	Green Cove Springs, F1 32043				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new registered</u>				
New Registered Office Address:	9.1				
New Registered Office Address.	Enter Florida street address				
<u> </u>	Cuy Florida Zip Como				
New Registered Agent's Signature, if changing Registered Agent:	OF 5				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutics, and I am familiër with and provided for in Chapter 605, F.S. Or, if this document is				

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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ffective date, if other than an effective date is listed, the date	the date of fili	ng:		(o ₁	otional)	
an effective date is listed, the date iote: If the date inserted in the ocument's effective date on the	is block does not	meet the appli	cable statutory fil	more than 90 days a	ner ming.) Furstiant to	605,0207 (listed as t
record specifies a delayed effi d is filed.	ective date, but n	ot an effective t	ime, at 12:01 a.n	i. on the earlier of	(b) The 90th day a	fter the
November 15	, 5	2021				
<u> </u>		1/1/1	7 /	1.		
	17/2111	1914	orized representati	led		

Filing Fee: \$25.00

Typed or printed name of signee