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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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

Email	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GROBALLY LLC**

Certificate of Status	0
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K. SALY

FEB 1 5 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Grobally 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 Company	were filed on 01/06/22 and assigned
Florida document number L22000015675	
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	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7901 4TH ST N STE 7111
(Principal office address MUST BE A STREET ADDRESS)	ST. PETERSBURG, FL 33702
Catan now mailing address if applicables	7901 4TH ST N STE 7111
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ST. PETERSBURG, FL 33702
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
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.

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
MGR	UNITYOFHEALTH.COM LLC	7901 4TH ST N STE 7113	1 □Add
		ST. PETERSBURG, FL 33702	□Remove
			& Change
			🗆 Add
		<u></u>	Remove
			Change Solution
			☐ ☐ Remove
			Change
	40.		□Add
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			□Change
			□Add
			Remove
			©Change
			□Add
			□Remove
			□Change

If amending any other information,	enter change(s) here:	(Attach additional s	heets, if necessary. _/		

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Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	specific and cannot be prior to does not meet the applicab	date of filing or more the le statutory filing requ	(optional) an 90 days after filing.) uirements, this date v	Pursuant to 605.02 vill not be listed	07 (3)(b) as the
the record specifies a delayed effective date ord is filed.	te, but not an effective time	e, at 12:01 a.m. on the	e earlier of: (b) The	90th day after th	ne
Dated February 14	2022	<u>.</u> ·			
Sion	Rilly Tark.	zed representative of a	nember		
Riley Park		•			
THEY I WIN	Typed or printed	name of signee			

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Filing Fee: \$25.00