h22000123438

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	 -
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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T. MATTHEWS

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2022

MARCIO DIAS 2430 WARE DR WEST PALM BEACH, FL 33409

SUBJECT: UNITY SHOP LLC Ref. Number: L22000123438

We have received your document for UNITY SHOP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, withir. 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 322A00012212

COVER LETTER

Tallahassee, FL 32314

TO: Registration Sect Division of Corpo			
ava man	Unity Shop	146.	
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Ma	rcio Das	
		Name of Person	
		Firm/Company	
	242 ~ (1)		
	2430 W	are Drive	
		0 1 5	1 221109
	uest Pal	City/State and Zip Code Tity/Shop 1 C @ Code be used for future annual report notifi	L 33901
	().	attus hoolle all	annail com
	E-mail address: (to	be used for future annual report notiff	Cation)
For further information co	ncerning this matter, please cal		
Mascio	Dias		- 02-06
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55,00 Filing Fee &	□ \$60.00 Filing Fee.
_	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		((additional copy is enclosed)
Mailian Addrage		Street Address:	
Mailing Address Registration S		Registration Sec	tion
Division of Co	orporations	Division of Corp The Centre of Ta	
P.O. Box 6327	1	the Centre of 13	arranassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT

T() [.]
ARTICLES OF O	RGANIZATION CONTROL STATE
OI	SCHLIGHTON OF CORPORE THE
Unity She	00 1_L C220UNIN27 PM 2: 27
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 2 2 000 12 3 43 8</u>	vere filed on 3/11/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2430 Ware Dr.
(Principal office address MUST BE A STREET ADDRESS)	West Palm Reach FL 3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2430 ware Dr. W. P. B FL 33409
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registo

B. If amend <u>er</u> agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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 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>	<u>Address</u>	Type of Action
RAIP	Marão Dias	2430 Ware Or	Z Add
		West Palm Beach	Remove
		FL 33409	□Change
RAIP	Aylen Fernandez	5600 N Flagler Dr	□Add
		APT 2705	T Remove
		W. P.B FL 33407	□ Change
			🗆 Add
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Note: If	f the date ins	ther than t sted, the date i serted in this e date on the	s block does	not meet t	he applicab	date of filing le statutory (or more than filing require	(optio 90 days after ements, this	nal) filing.) Pursuar date will not	nt to 605.0207 t be listed as
e record ord is filed		lelayed effec	ctive date, b	ut not an ef	fective time	e, at 12:01 a	.m. on the e	arlier of: (b)	The 90th o	day after the
	61	22/2	022	<u> </u>		. ·				
Dated _						03				
Dated _				(DI)	3 CC 75A					
Dated _			Signatur	e of a thomb	er or authori	zed represent	ative of a mer	nber		

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