## L2300043335

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(Requestor's Name)	<del>.</del> !
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(Business Entity Name)	$\frac{1}{1}$
(Document Number)	_
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TO: Registration Section Division of Corporations	4
SUBJECT: Unified Const	ructon Company UC
	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to th	e following:
Daniel Lede	Name of Person
<u> Univied Consti</u>	Firm/Company LLC
3626 Ruthven	DY Address
Lakeland Fl 3	33801 ty/State and Zip Code
	used for future annual report notification)
For further information concerning this matter, please call:	
JESUS Ledezima Name of Person	at ( <u>813</u> ) <u>750 = 2935</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Sand Sand Filing Fee & Certificate of Status	S55.00 Fiting Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
•• ••	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

Unified Construction Company	<u>CCC</u>
(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 Compan	y were filed on	anvary 24 <sup>m</sup>	and a	181
Florida document number <u>L230000433355</u> .		9		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the des	ignation "LLC" or the abb	reviation "	·11.
Enter new principal offices address, if applicable:	<del></del>			
(Principal office address MUST BE A STREET ADDRESS)	·- ·- · ·-	·		<del></del>
'				
Enter new mailing address, if applicable:	<del> </del>		<del>- 23</del>	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	**	<u> </u>	
		2	_ <del>_</del>	
		•• •	70	17.17
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our rec	ords, enter the name	<u>of the n</u> မှာ	ew-re <sub>l</sub>
agent andror the new registered office address nere.			<del></del>	
Name of New Registered Agent:		·	••	
rame of New Registered Figent.				
New Registered Office Address:	Enter Floria	la street address		
	City	, Florida	Zip Cod	<del></del>
New Registered Agent's Signature, if changing Registered Agent			•	
I hereby accept the appointment as registered agent and ag	Ī	areain I familian area	(	
provisions of all statutes relative to the proper and complet				
accept the obligations of my position as registered agent as				
being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e address, I hereby	confirm that the limi	ted liab	itity
company has occurrenced in arrang by mis change.				
If Cha	1 anging Registered Agen	at, Signature of New Regi	stered Age	ent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records: MGR = Manager AMBR = Authorized Member Title Name Address **Type** □Cha □∧dd □Reme □Add □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove  $\square$ Add □Remove \_\_\_\_\_ □Change □∧dd \_\_\_\_\_ □Remove \_\_\_\_ □Change

D. If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del> </del>
	<del></del>
	•
(II) an <u>Not</u> e	ctive date, if other than the date of filing:
f the receed is	ford specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day after the filed.
Date	Jehany 13th 2023.
	Lahus
	Signature of a member or authorized representative of a member
	Kauley Breno
	Typed or printed name of signer

Filing Fee: \$25.00