

L23000187541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

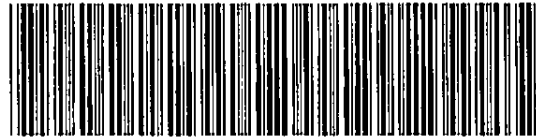
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2023 MAY 17 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

05/17/23--01004--000 \*\*50.00

RECEIVED  
2023 MAY 17 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UNIFI AUTO LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICH DUGGIN

Name of Person

UNIFI AUTO LLC

Firm/Company

902 N. SEMORAN BLVD SUITE B

Address

ORLANDO FL 32807

City/State and Zip Code

RICH@UNIFIAUTO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICH DUGGIN

Name of Person

at (973) 903 8350

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

UNIFI AUTO 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 12/29/2022 and assigned Florida document number L 23060187541

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

FILED  
2023 MAY 17 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FL

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

RICHARD DURGIN

New Registered Office Address:

902 N Semoran Blvd Side B

Enter Florida street address

ORLANDO

City

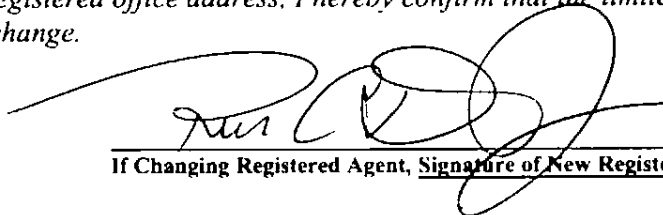
, Florida

32807

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 Changing Registered Agent, Signature of New Registered Agent

Title	Name	Address	Type of Action
AP	ADAM COHEN	902 N Semoran Blvd	<input type="checkbox"/> Add
		Unit B.	<input checked="" type="checkbox"/> Remove
		Orlando FL 32807	<input type="checkbox"/> Change
MBR	RIM GESSAR	902 N Semoran Blvd	<input type="checkbox"/> Add
		Unit B	<input checked="" type="checkbox"/> Remove
		Orlando FL 32807	<input type="checkbox"/> Change
MBR	RICHARD DURGIN	902 N Semoran Blvd.	<input checked="" type="checkbox"/> Add
		Unit B	<input type="checkbox"/> Remove
		Orlando FL 32807	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 5/16/, 23

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**