

L24000416522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

amend 12.27.24

Office Use Only



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TALLAHASSEE, FL

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[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2024

JASON SCOTT LAWSON
1190 QUEEN STREET
TITUSVILLE, FL 32780 US

SUBJECT: UNITY VENTURES ENTERPRISE LLC
Ref. Number: L24000416822

We have received your document for UNITY VENTURES ENTERPRISE LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 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.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 524A00026530

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12-27-24

11/5/24

HERE YOU WILL FIND ARTICLES OF AMENDMENT
FOR UNITY VENTURE ENTERPRISE LLC. REMOVING
MR. JAMES M. FURLONG AND PLACING JASON SCOTT
LAWSON AS PRESIDENT. IF YOU MAY HAVE ANY
QUESTIONS CALL JASON LAWSON AT 321-305-1741

THANKS
Jason Lawson
JASON LAWSON

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNITY VENTURES ENTERPRISE 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:

JASON LAWSON
Name of Person

UNITY VENTURES ENTERPRISE LLC
Firm/Company

1190 QUEEN STREET
Address

TITUSVILLE, FL 32780
City/State and Zip Code

LAWSON MASONRY @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON LAWSON at (321) 305-1741
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

PAYMENT HAS ALREADY BEEN SUBMITTED WITH PREVIOUS APPLICATION

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

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TALLAHASSEE, FL

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

UNITY VENTURES ENTERPRISE 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 10/1/24 and assigned Florida document number L24000416822

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)

1190 QUEEN STREET
TITUSVILLE, FL 32780

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1190 QUEEN STREET
TITUSVILLE, FL 32780

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:

Jason Lawson

New Registered Office Address:

1190 QUEEN STREET

Enter Florida street address

TITUSVILLE

City

Florida 32780

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.

Jason Lawson

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Type of Action</u>
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MGR	JAMES M. FURLONG	911 S. PARK AVENUE, C309	<input type="checkbox"/> Add
		TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Remove

			<input type="checkbox"/> Change
--	--	--	---------------------------------

President AMBR	JASON LAWSON	1190 QUEEN STREET	<input type="checkbox"/> Add
		TITUSVILLE, FL 32780	<input type="checkbox"/> Remove

			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated NOVEMBER 2, 2024

Jason Lawson
Signature of a member or authorized representative of a member

Jason Lawson
Typed or printed name of signee

Filing Fee: \$25.00