

iote: Please print this page and use it as a cover (slown bolow) on therop and bottom of all pages of the decumen

(((H240003704913)))



H240003704913ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

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

Email	Address:	

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE SANTAS CLOSET LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

M. SOLOMON

NOV -7-2024

Electronic Filing Menu Corporate Filing Menu Help

### 2024-11-07 13:01:20 UTC+14 COVER DE LEEK

18506176383

From: ZenBusiness Use

TO: Registration Section Division of Corporations

The Santas Closet LLC

SUBJECT:

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:

Allison Monzon			
	Name of Person		
ZenBusiness INC			
	Firm/Company	_	
336 E. College Ave Suite	301	رد د ۱۳ ایس ۱۳ ایس	7024 NOV
	Address	1 - 12 12 - 13 142 - 13	NOV - 7
Tulluliussee, FL 32301		20.7	
fulfillment@zenhusiness.co	City/State and Zip Code	Co.	PM 4: 57
E-mail address: (	to be used for future annual report noti	ification)	S
oncerning this matter, please c	ull:	• • •	_
	844 493-6249 at ( )		_
d Person	Area Code Daytim	ne Telephone Number	
he following amount:			
□ \$30.00 Filing Fee & Certificate of Status	Li \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of St Certified Copy	atus &
	ZenBusiness INC  336 E. College Ave Suite  Tallahussee, FL 32301  fulfillment@zenbusiness.co  E-mail address: ( concerning this matter, please e	Name of Person  ZenBusiness INC  Firm/Company  336 E. College Ave Suite 301  Address  Tallinhussee, FL 32301  City/State and Zip Code fulfillment@zenbusiness.com  E-mail address: (to be used for future annual report not concerning this matter, please call:  at (	Name of Person

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

From: ZenBusiness Use

Page: 3 of 5

# ARTICLES OF AMENDMENT

# ARTICLES OF ORGANIZATION **OF**

The Santas Closet LLC  (Name of the Limited Liability Company as i (A Florida Limited Liability	it now appears on our records.)
The Articles of Organization for this Limited Liability Company were Florida document number 124000422382	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability o	ompany here:
Unimarket LLC	
The new name must be distinguishable and contain the words "Elimited Liability Co-	inpany," the designation "ELC" or the abbreviation "E.E.C."
Enter new principal offices address, if applicable:	\$ <b>20</b>
(Principal office address MUST BE A STREET ADDRESS)	24 <b>24</b>
	25 V 1
	100 T
Enter new mailing address, if applicable:	## ## ## ## ## ## ## ## ## ## ## ## ##
(Mailing address MAY BE A POST OFFICE BOX)	
	· # 55
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office addre	S 5 5 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6
,	ss on our records, enter the name of the new regis
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
(,	Tiv Zip Code

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.

To: Page: 4 of 5 2024-11-07 13:01:20 UTC+14 18506176383 From: ZenBusiness Use in amending Authorized recson(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>	Name	Address	Type of Action
			[ ]Add
		<u> </u>	□Remove
			□Change
			□Remove
			Zenange NOV
A. p. 600		A : So : S	289 hange
			f. 5 Solvange
			Fi Add
			🗆 Remove
			Change
			UAdd
			i l'Remove
			□Change
			□Add
		····	□Remove
			LiChange

D.

# 64.00 - 0.004.0-0.004.4-1-0.01-0.00-0.00-0.00-0.	***************************************		<del></del>
			<del>_</del>
		2024 NOV	
			2.0
		1	
		(n=1)	,
		Section 1	
ffective date, if other than the an effective date is listed, the date mutote: If the date inserted in this blocument's effective date on the D	st be specific and connot be prior to date of filing or m lock does not meet the applicable statutory filin	(optional) note than 90 days after filing.) Pursuant to ng requirements, this date will not be	605.9207 listed as
record specifies a delayed effectiv Lis filed.	re date, but not an effective time, at 12:01 a.m. o	on the earlier of: (b) The 90th day	after the
	2024		
ated	<del></del> ··		
ated	ricia Amaral Arce Signature of a member or authorized representative		