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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>GATOR CR</u>	EDIT INITIATIVE INC.
DOCUMENT NUMBER: N180000471	9
The enclosed Articles of Amendment and fee are sub-	
Please return all correspondence concerning this matt	er to the following:
MICHAEL GOSIKER	
MICHAEL GOSINEN	(Name of Contact Person)
	(Firm/ Company)
936 N. SAN VICENTE BLVD AP	PT. 16
	(Address)
WEST HOLLYWOOD, CA 9006	9
VV2011101211V000, 0117000	(City/ State and Zip Code)
ADMIN@UNIFIWW.ORG	
	for future annual report notification)
For further information concerning this matter, please	e call:
MICHAEL GOSIKER	at (904) 652-6237
(Name of Contact Person	
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

GATOR CREDIT INITIATIVE INC.		7670811122 PH 5-3
(Name of Corporation as currently filed with the Flor	ida Dept. of State)	
N18000004719		
	umber of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
UNIFI WORLDWIDE INC.		The new
name must he distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	***************************************	
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u>)	
	 	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		·
		
D. If amending the registered agent and/or registered		enter the name of the
new registered agent and/or the new registered of	ice address:	
Name of New Registered Agent:		
Nan Parinteral Cities Address	(Flo	rida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist		
I hereby accept the appointment as registered agent. I a	ım familiar with and accept i	he obligations of the position.
	Signature of New Registe	red Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

<u>V</u> Mike Jo	<u>nes</u>	
Title	Name	Address
PSD	SELYNE SINGH	1914 SIDEWHEEL WAY JACKSONVILLE, FL 32223
D	DHRUVI CONTRACTOR	1914 SIDEWHEEL WAY JACKSONVILLE, FL 32223
D	ZAKRY MERTON TYRRELL	
_ <u>D</u> _	STEFANIE MACEDONIO	
<u>D</u>	MEREDITH BOCK	
D	ASHLEY MILLER	
	V Mike Jo SV Sally Sn Title PSD D D D a additional Artic	Y Mike Jones SV Sally Smith Title Name PSD SELYNE SINGH D DHRUVI CONTRACTOR D ZAKRY MERTON TYRRELL D STEFANIE MACEDONIO D MEREDITH BOCK

		
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The date of each amendment(s) adoption date this document was signed.	on:	_, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not beent of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 5/18/2020

(By the chairman of vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or

other court appointed fiduciary by that fiduciary)

MICHAEL GOSIKER

(Typed or printed name of person signing)

CHAIRMAN, TREASURER & DIRECTOR

(Title of person signing)