## P15000071585

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Unicity Group Co	rp.		
DOCUMENT NUMB	ER: P15000071585			
The enclosed Articles of	f Amendment and fee are so	ubmitted for filing.		
Please return all corresp	ondence concerning this ma	atter to the following:		
		Hernando Fernandez		
-	·	Name of Contact Perso	n	
_		Firm/ Company		
		7836 NW 116 PL		
_		Address		
		Doral FL 33178		
_		City/ State and Zip Cod	le	
hernan	dof@gmail.com			
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Hernando Fernandez		786	346-6417	
Name of	Contact Person	Area Code & Daytime Telephone Numbe		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen Divisi P.O. E	Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		lment Section on of Corporations	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

	Unicity Group Corp.		( TUE )	
(Nama			ot or OFFE PA 3: 4	
(14åmë		0071585		
		of Corporation (if known)	SECRITARY OF STATE TALLAHASSEE, FLORIE	
	(Document Pullioti	or corporation (it known)	W.	
rsuant to the provisions of section 607 Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation a	idopts the following amendment	
If amending name, enter the new n	ame of the corporation:			
			The new	
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpor		
Enter new principal office address,	if annlicable:	850 N. Miami Ave		
rincipal office address <u>MUST BE A S</u>		#W-505		
		Miami FL 33136		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		850 N. Miami Ave		
		#W-505		
		Miami FL 33136		
. If amending the registered agent ar new registered agent and/or the ne			me of the	
	Irma Gonzalez	<del></del>		
Name of New Registered Agent	7264 CW 92 G4 HE 107	<u>-</u>	<del></del>	
	7364 SW 82 St. #E-107	treat address)	<del>-</del>	
	(Fioriaa s Miami	treet address)	33143	
New Registered Office Address:	171101111	(City)	_, Florida(Zip Code)	
		(Cuy)	(Zip Coue)	
ew Registered Agent's Signature, if c pereby accept the appointment as regist			na af the position	
етебу иссері те арроттет аз гедізі	егей идет. Тит јитиат	жин ана ассері ine ovugattor	is of the position.	
	Irma Go	naulea.		
	Signature of New	Registered Agent if changing	<del></del>	

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 <math>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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Hernando Fernandez	7836 NW 116 PL
Add			Doral FL 33178
x Remove			
2) Change	P	Irma Gonzalez	7364 SW 82 St.
<u>x</u> Add			#E-107
Remove			Miami FL 33143
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Changa			
6) Change			
Add			
Remove			

Attach additional sheets, if	necessary). (L	Be specific)				
			•			
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<del> </del>		<del></del>	<del></del>	· <del></del>		
f an amendment provides	for an avahanc	ro reclassificati	on or cancelle	ition of issued	charec	
provisions for implementi	ing the amendn	ent if not cont	ained in the an	nendment itsel	f:	
(if not applicable, indi	cate N/A)				<u>···</u>	
<del></del>						
<del></del>				<del></del>		
		<del></del>				
			<del>_</del>			

The date of each amendment(s) adoption: $$
date this document was signed.
Effective date <u>if applicable</u> :  (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 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.
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
9/11/2015
DatedSignature
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Dino Gravini
(Typed or printed name of person signing)
D
(Title of person signing)