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And

SECRETARY OF STATE

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	One Unify Corp				
DOCUMENT NUMBER:	18000065'942				
The enclosed Articles of Amendment and fee are s	submitted for filing.				
Please return all correspondence concerning this m	natter to the following:				
Mary Clark					
, , , , , , , , , , , , , , , , , , , ,	Name of Contact Person				
Firm/ Company					
	Address				
City/ State and Zip Code					
E-mail address: (to be used for future annual report potification)					
For further information concerning this matter, plea	ase call:				
Mary Clark Name of Contact Person	at (786) 338 - 0153 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made	e payable to the Florida Department of State:				
\$35 Filing Fee	Certified Copy (Additional copy is enclosed) \$\int \frac{1}{3}\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

FILED

	of		- • •	****
$O_{\mathcal{T}}$	re Unifu	Cori	2018 AUG 28	AM 8: 45
(Name of Corpora	ition as currently file			
DIS	30000/5	941	TALLAHAN	GE STATE
(Doc	ument Number of Cor	<u> </u>		oht, H
·		•		
rsuant to the provisions of section 607.1006, Flori Articles of Incorporation:	ida Statutes, this <i>Flori</i>	da Profit Col	<i>rporation</i> adopts th	e following amendment
If amending name, enter the new name of the	corporation:			
				The new
me must be distinguishable and contain the wo Corp.," "Inc.," or Co.," or the designation "Cor ord "chartered," "professional association," or th	rp," "Inc," or "Co".	A professio		
Enter new principal office address, if applicah	ole:		·	
rincipal office address <u>MUST BE A STREET AL</u>	DDRESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u></u>			
				
If amending the registered agent and/or regist	tered office address i	n Florida, er	iter the name of th	<u>1e</u>
new registered agent and/or the new registere				_
Name of New Registered Agent				
Nume of New Registered Agent			· <u>-</u> ·	
	(Florida street aa	(dress)		
New Registered Office Address:			, Floric	la
	(City))		(Zip Code)
	(City)	ı		(Zip Code)
ew Registered Agent's Signature, if changing Ro			n nklimaton - Ci	
hereby accept the appointment as registered agent.	. I am familiar with a	ind accept the	e obligations of the	position.
	#			
Sig	gnature of New Regist	ered Agent, i:	f chunging	

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.

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>	Address
1) Change	CFOT	Shantravia Dixor	755 NW 3rd Tellate
_X Add			Homestead, Fl 33034
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)			
				-
		<u> </u>		
·				
		•		
		-	<u> </u>	
		'		
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification,	or cancellation of is	sued shares,	
(if not applicable, indicate N/A)				
	·· <u></u>			

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
Effective date if applicable:	August 20, 2018 (no more than 90 days after amendment f	
	(no more than 90 days after amendment f	île date)
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirement of State's records.	tirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for ient for approval.	the amendment(s)
	ed by the shareholders through voting groups. The jeth voting group entitled to vote separately on the am	
	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action	on and shareholder
action was not required.	d by the incorporators without shareholder action an	id shareholder
DatedSignature	120/18 CDarl	
	tor, president or other officer - if directors or office	
	y an incorporator – if in the hands of a receiver, trus fiduciary by that fiduciary)	tee, or other court
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	