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TALLAHASSEE, FLORIDA

OCT 1 9 2018 S. YOUNG

### COVER LETTER

Division of Corporations NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jose Fernandez
Name of Contact Person For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

### Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

to

# Articles of Incorporation

One Unify	Corp	<del>.</del>
(Name of Corporation as currently to	filed with the Florida Dept. of State)	
<u> </u>	2	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FL</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following	g amendmenti
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name mu <u>st</u> c	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		<u> </u>
(Trinoput typice mainess <u>most tip. A of this f Abbitissis</u> )		<del></del>
		<u> </u>
C. Enter new mailing address, if applicable:	· [0]	
(Mailing address MAY BE A POST OF FICE BOX)		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office addres	es in Florida, antar the name of the	
new registered agent and/or the new registered office address:	s ur rorida, enter the name of the	
Name of New Registered Agent Rebecca	Dixon	
tFlorida street	t address)	
New Registered Office Address:	, Florida	
$\kappa$	'ity) (Zip C	'ode)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar wit	th and accept the obligations of the position.	

REMONER DIXM Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nan 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. To 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 Ck Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u> </u>	Mary Clark	10711 SW 216 Stre
Add Remove			Miami, F1 33170
2) Change Add	CFOT	Shantravia Dixon	755 NW 3rd Tell Homestead, F/33.
Remove 3) Change Add	_6_	Jose Fernandez	10711 SW 216 Stre Miami, Fl 33170
4) Change Add	CFOT	Philip Tolles	10711 SW 216 Str. Migmi, Fl 33170
Remove  5) Change Add Remove		Shana Williams	10711 Sw 216 Stree Miami, Fl 33170
6) Change Add Remove		-	

Attach additional sheets, if necessar	Articles, enter cha ry). (Be specific)			
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f an amendment provides for an oppovisions for implementing the a	vchange, reclassif	ication, or cance	llation of issued sha	ares,
(if not applicable, indicate N/A	)	ontained in the	amendment itsen:	
. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, if other ti
Effective date if applicable: 10 15 (no more than 90 days after amo	
(no more than 90 days after amo	endment file date)
Note: If the date inserted in this block does not meet the applicable statutory f document's effective date on the Department of State's records.	iling requirements, this date will not be listed
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of vote by the shareholders was/were sufficient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groumust be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were sufficient for a	approval
by	·"·
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehe action was not required.	older action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	action and shareholder
Dated	r
Signature Maris (M)	4
(By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a receappointed fiduciary by that fiduciary)	
(Typed or printed name of person	<u> </u>
Toco(porate (Title of person signing	V
(Title of person signing	ਨ)