P190000 22429

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MAR 2 3 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	Inity 1 Inc
DOCUMENT NUMBER:	190000 22429
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
tes agent	Name of Contact Person Unify Firm/ Company Sw 216 St Ste 206 Address Migni F 33/70 City/ State and Zip Code See used for future annual report notification)
For further information concerning this matter	
Savier Lopen Name of Contact Person	at (305) 282-8914 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Department of State:
\$35 Filing Fee	
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

Tallahassee, FL 32314

1st state inc

2/15/20

Document Number

P11000077090

Letter of Name Release

Good afternoon To Whom It May Concern 1st state Inc has no intentions of reinstating its name. We hereby give unify 1 Inc authorization to use same name.





Articles of Amendment to Articles of Incorporation

of

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Unify	1 Tad			
(Name of Corporation	as currently filed v	vith the Florida Dep	t. of State)	
P19000 6 2	2429			
(Documer	nt Number of Corpor	ation (if known)		
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida	Profit Corporation a	dopts the followir	ng amendment(s) to
A. If amending name, enter the new name of the corp	oration:			
1st State Trac				_The new
name must be distinguishable and contain the word "Corp." "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co". A			bbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.	<u>ESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			ACCEPTANCE OF THE PROPERTY OF	TO LED
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		lorida, enter the nar	ne of the	1: 24
Name of New Registered Agent				_
	(Florida street addre	ss)	<u> </u>	_
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	ered Agent: um familiar with and	accept the obligation	s of the position.	
Signatu	ure of New Registered	d Avent 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)

Remove

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	<u>§</u>	FILING CANCELLED DUE TO RETURNED CHECK	
X Add	<u>sv</u>	Sally Smith	<u>1</u>		
Type of Action (Check One)	<u>Title</u>	<u>N:</u>	<u>ame</u>		<u>Address</u>
1) Change	-				
Add					· · · · · · · · · · · · · · · · · · ·
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
6) Change					
Add					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	DUE TO RETURNED CHECK
	
	
	
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<u> </u>	
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	······
If an amendment provides for an exchange, reclassification, or ca provisions for implementing the amendment if not contained in t (if not applicable, indicate N/A)	ncellation of issued shares, he amendment itself:
	

The date of each amendment(s) adoption:	2/18/20	, if other than the
date this document was signed.	, (
Effective date <u>if applicable</u> :	2/18/20	
	(no more than 90 days after amendi	ment file date)
Note: If the date inserted in this block does not document's effective date on the Department of the second		g requirements, this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
☐ The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a		ast for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes cast for the amen	dment(s) was/were sufficient for appr	roval
by(voti		· · ·
(voti	ing group)	
The amendment(s) was/were adopted by the baction was not required.	poard of directors without shareholde	r action and shareholder
The amendment(s) was/were adopted by the i action was not required.	ncorporators without shareholder acti	on and shareholder
Dated 2 18 20		
Signature	hier 2000	
(By a director, presi	gent or other officer - if directors or o	officers have not been
selected, by an inco appointed fiduciary	rporator – if in the hands of a received by that fiduciary)	r, trustee, or other court
(Tovier Lop Typed or printed name of person sign	<u>e2</u>
	President	
	(Title of person signing)	***