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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA		RVICES GROUP, IN	NC.	·
DOCUMENT NUMBE	P14000030876 R:			
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.		
Please return all correspondent	ondence concerning this mat	ter to the following:		
1	HERNAN WOHLFEILER			
-	JNIVERSAL SERVICES G	Name of Contact ROUP INC	Person	
-	5175 NW 153 ST SUITE 4	Firm/ Compa	any	
-	MIAMI LAKES, FL 33014	Address		
_		City/ State and Zi	ip Code	
HERN	ANWO@GMAIL.COM			
	E-mail address: (to be us	ed for future annual	report n	otification)
For further information of	concerning this matter, pleas	se call:		
HERNAN WOHLFEII	ÆR	786 at (564-1983
Name of	Contact Person		rea Cod	e & Daytime Telephone Number
Enclosed is a check for t	he following amount made p	payable to the Florid	la Depar	tment of State:
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)		☐S52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. F	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314		Divisior Clifton I	address nent Section n of Corporations Building secutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

UNIVERSAL SERVICES GROUP, INC.

P14000030876	orporation as currently	tiled with the Florid	la Dept. of State)	
	(Document Number of	Corporation (if knows	1)	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	5, Florida Statutes, this F	lorida Profit Corpore	ation adopts the following	ng amendment(
A. If amending name, enter the new name N/A	of the corporation:			The
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc," or "C	o". A professional o		
B. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>		N/A		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		N/A	TALLA	019 100
			ASSE	3 ;
). If amending the registered agent and/or		ss in Florida, enter t	m.	
	ERNAN WOHLFEILER		f=,	16
Name of New Registered Agent 61	75 NW 153 ST SUFFE 2	04 MIAMI LAKES,	FL 33014	_
-	(Florida stree	et address)		_
New Registered Office Address:			Florida	

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.

Mike Jones, V as Remove Example:	e, and Sal	ly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)	٧	CESAR JARA	6175 NW 153 ST SUITE 204
i) Change			MIAMI LAKES, FL 33014
Add Remove			
X 2) Change	v	HERNAN WOHLFEILER	6175 NW 153 ST SUITE 204
Add			MIAMI LAKES, FL 33014
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)
· · · · · · · · · · · · · · · · · · ·	
	
 	
 	
· ·	
 	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

. .

The date of each amendment(s) adoption:
(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) (CHECK ONE)
■ 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. 08/21/2019 Dated Signature (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) HERNAN WOHLFEILER
(Typed or printed name of person signing)
S
(Title of person signing)