

L01000020836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

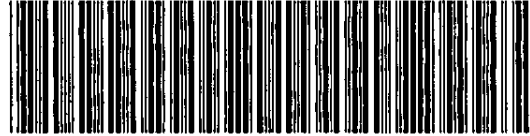
(Business Entity Name)

(Document Number)

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2016 MAR -2 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR - 4

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Universal Funding LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rhoda Sutin

Name of Person

Universal Funding LLC

Firm/Company

3530 mystic pointe drive , suite 2004

Address

Aventura , Florida 33180

City/State and Zip Code

sutinm@atlanticbb.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitchel Sutin

917- 952-2916

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

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2016 MAR -2 PM 1:37
CLERK OF THE COURT
JULIA HASSE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Mitchel Sutin	3530 Mystic Pointe Drive , # 2004	<input checked="" type="checkbox"/> Add ✓
		Aventura, Fl , 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rhoda Sutin	3530 Mystic Pointe Drive #2004	<input type="checkbox"/> Add
		Aventura, Fl 33180	<input checked="" type="checkbox"/> Remove ✓
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2016 MAR - 31 PM 3:37
CLERK OF DISTRICT COURT
JANUARY 2016

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The member majority interest is held by Mitchel Sutin 99% , who is also authorized manager for daily operations
affairs of the LLC, he may execute an instrument transferring real property held in the name of the company.
Mitchel Sutin, is the designated by the members and to be authorized manager of the LLC . Mitchel Sutin is
granted authority to enter into transactions on behalf of or otherwise act for or bind the company. Daniel Sutin has
no authorized authority to bind the company as a member.

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2016 MAR -2 PM 1:57
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: _____ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 2/22, 2016.


Signature of a member or authorized representative of a member

MITCHEL SUTIN

Typed or printed name of signee