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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

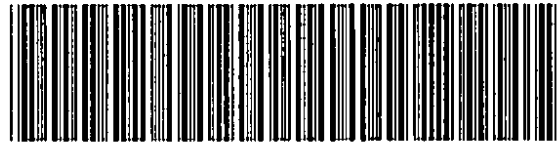
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC
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SEP 07 2022

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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:

MITCHEL SUTIN

Name of Person

UNIVERSAL FUNDING LLC

Firm/Company

3530 MYSTIC POINTE DRIVE, SUITE # 2004

Address

AVENTURA, FLORIDA, 33180

City/State and Zip Code

info@univimports.com

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

For further information concerning this matter, please call:

MITCHEL SUTIN, MGR

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

UNIVERSAL FUNDING LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/03/2001 and assigned
Florida document number ~~1000020836~~ LC1-20836

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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>
MBR	DANIEL SUTIN	3530 MYSTIC POINTE DRIVE	<input type="checkbox"/> Add
		AVENTURA , FLORIDA 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	SHTIEBEL OSTROVA OR. INC.	SHTIEBEL OSTROVA OUTREACH INC.	<input checked="" type="checkbox"/> Add
		20655 NE 25th PLACE	<input type="checkbox"/> Remove
		AVENTURA, FLORIDA 33180	<input type="checkbox"/> Change
MGR	RACHEL HABER	20655 NE 25th PLACE	<input checked="" type="checkbox"/> Add
		AVEMENTURA , FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

The managing member interest is held by Mitchel Sutin is 99%, by quorum he is the authorized manager for daily supervision, operations, financial and legal affairs. M. Sutin has the authority to bind LLC, company for loans and notes. M.Sutin may execute instruments transferring real property and tangible property held in the name of the LLC, company. M. Sutin, is designated by members to be the authorized manage of the LLC. M.Sutin is granted authority to enter into transactions on behalf of or otherwise act for or bind the LLC, company. Daniel Sutin, has resigned as member effective, 06-02-22. Daniel Sutin failed to make required capital call contributions within the time period agreed on for member capital call contributions. Remaining members by unanimous vote agreed to cancel the membership interest of the delinquent member. SHITIEBEL OSTROVA OUTREACH INC., Rachel Haber, Pres., and MGR, has no authorized authority, to bind the LLC, company as a member.

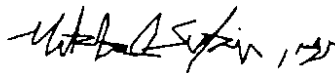
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 06-03 2022



Signature of a member or authorized representative of a member

MITCHEL SUTIN, AMBR

Typed or printed name of signee