## 10400040512

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S. WARREN FEB 0 2 2018

## COVER LETTER

SUBJECT:	universal e	nterprises wpb llc		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Stephen white		
			Name of Person	
		universal enterprises wp	b llc	
			Firm/Company	
		12026 nw 27th dr		
			Address	
		coral springs florida 3300	65	
			City/State and Zip Code	
		swhite9073@aol.com		
		E-mail address: (t	to be used for future annual report notific	ation)
For further in	formation co	oncerning this matter, please ca	ali:	
Stephen whi			at () 662 2159 Area Code Daytime 7	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 Fi	iling 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:

TO: Registration Section

Division of Corporations

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

universal enterprises wpb llc			
(Name of the Limit	ted Liability Company (A Florida Limited Lia	y as it now appears on our inhibitity Company)	records.)
The Articles of Organization for this Limited L	· · ·	vere filed on	and assigned
Florida document number L04000040512	<u> </u>		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liabili	ty company here:	
the home performance center LLC			
The new name must be distinguishable and contain the w	vords "Limited Liability	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and	2.	ce address on our re	cords, enter the name of the ne
registered agent and/or the new registered of	fice address here:		
N 6N 6 1			
Name of New Registered Agent:			<del></del>
New Registered Office Address:		<del></del>	
		Enter Florida street	uddress
			_, 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

Page 1 of 3

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>	Type of Action
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			Remove
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Page 3 of 3

Filing Fee: \$25.00