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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	Mait	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corpo	
SUBJECT: UNIVE	Name of Limited Liability Company
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
	MANOJ REDDY Name of Person
	Name of Person
	Firm/Company
	6455 CHATHAM VIEW CT
	WINDERMERE, FL, 34786 City/State and Zip Code
	MREODY6455@6MAIL. 6000 E-mail address: (to be used for future annual report notification)
For further information con	cerning this matter, please call:
MA NOT Name of P	Person at (321) 287 - 0690 Area Code & Daytime Telephone Number
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

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

_ UNIVERSAL REA	L ESTATE	PARTNERS	111
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now ap imited Liability Compa	opears on our records ny)	
The Articles of Organization for this Limited Liability Co		64-27-2	005 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company	here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Co	ompany," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable:			E 20 PH
(Mailing address MAY BE A POST OFFICE BOX)			₩ 39. - 12. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13
B. If amending the registered agent and/or registered agent and/or the new registered office addr		on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:			_
New Registered Office Address:		Enter Florida stree	t address
		, Florid	ia.
	City	, rioriu	Zip Code
New Registered Agent's Signature, if changing Registered	i 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 608, 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

it amending the managers or managing members on our records, enter the title, name, and address of each manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
<u>M</u> _	SWAPNIKA SEELAM	1604 AZALEA DRIVE	Add
		NORTH BRUNSHICK, NJ 0840)	Remove
<u>M</u>	VARUDHINI MITTA	22 ARBUTUS WAY	Add
		MONMOUTH JUNCTION, NJ	Remove
		08852 US	
			Add
			Remove
		TO A STATE OF THE	-0 iii
		₹₹₹ ••••••••••••••••••••••••••••••••••	Remove
			Add
			Reinove
			Add
			Remove

AMMENDED	ARTICLES	of	ORGANIZATION
12/17/13	2013		
Tool	short.		
~	gnature of a member or a	•	resentative of a member
PRA	SHANTHI R		
	Typed or pr	rinted name c	of signee
	• • •	age 3 of 3	or signee
		Fee: \$25	40

FILED 13 0EC 20 PM 3:54

TALLAHASSEE, FLORIDA