

LOS 000065400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

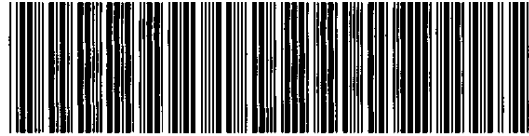
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400183607154

400183607154
07/27/10--01017--024 **25.00

FILED
10 JUL 27 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Connell

JUL 28 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIVERSAL HOSPITALITY, 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:

ADAM BERSHAD

Name of Person

UNIVERSAL HOSPITALITY, LLC

Firm/Company

9858 Clintmoore Rd, Suite C111-275

Address

Boca Raton, FL 33496

City/State and Zip Code

adambershad@me.com

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

For further information concerning this matter, please call:

Adam Bershad

Name of Person

at (561) 289-0199

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

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

FILED
10 JUL 27 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNIVERSAL HOSPITALITY, 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 7/1/05 and assigned
Florida document number L05000065400

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 end with 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)

9858 Clintmoore Road

C 111 - 275

Boca Raton, FL 33496

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9858 Clintmoore Road

C 111 - 275

Boca Raton, FL 33496

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:

9858 Clintmoore Road, C 111 - 275

Enter Florida street address

Boca Raton

City

, Florida

33496

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 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

If 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated 7/23/, 2001



Signature of a member or authorized representative of a member

ADAM BERSHAD

Typed or printed name of signee

FILED
10 JUL 27 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA