## L07000013547

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP 2 5 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	UNIVERSAL MAF	RKETING NETWORK,L.L	.C	
<del></del>	(Name of Lim	ited Liability Company)	, 400 ,	
	Amendment and fee(s) are sub			
Please return all correspo	ondence concerning this matter	to the following:		
		GUDELIO FUNDORA		
		(Name of Person)		
			<del> </del>	
		(Firm/Company)		
		PO BOX 350055 (Address)	u.e.	
		(Address)		
MIAMI FL 33135 (City/State and Zip Code)				
		(0.0,		
For further information of	concerning this matter, please of	call:	, do .r ·	
	FUNDORA	at ( 786 ) 797-2383		
(Name	of Person)	(Area Code & Daytime T	Celephone Number)	
Enclosed is a check for t	he 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)	
	ING ADDRESS	CTDECT/OOUBLE	A A DDDFCC.	

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 MARKETING	•		
( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	s it now appear ility Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company we	re filed on	02/05/2007	and assigned
Florida document number L07000013547			
This amendment is submitted to amend the following:		ems to .	
A. If amending name, enter the new name of the limited liability	y company her	<u>e</u> :	
SOUTH DADE CUSTOMERS SUPPOR	T SERVICES,"I	L.L.C"	
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		<b>5</b>	<u></u>
(Principal office address MUST BE A STREET ADDRESS)		SECRET	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on o	ARY OF STATE SSEE. FLORIDA	
Name of New Registered Agent:	BIBIANA M MARTORELL		
New Registered Office Address:	(Er	nter Florida street add	lress)
		, Florida	
	City)		(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:			

New Registered Agent's Signature, it 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 II 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 2

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>	Address	Type of Action
MGR	GUDELIO FUNDORA	14571 SW 160 CT MIAMI FL 33196	Add [7] Remove
MGR	BIBIANA M MARTORELL	616 NW 26 AVE # 406 MIAMI FL 33	125
		,	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	r change(s) here: (Attach additional sheets, if ne	cessary.)
- -		TALLAHASS	
Dated	09/20/2008 ,	- FLORIDA	. ED 1. 05
	Signature of a	member of adhorized representative of a member GUDELIO FUNDORA Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00