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SECRETARY OF STATE

T. CLINE

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**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co		ı	
SUBJECT:	Name of Limited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.		
Please return all corresp	spondence concerning this matter to the following:		
	PETER BRUNO Name of Person		
	S889 WINDSOR TERRAL  Address  BOCA RAFM GORDA 33496  City/State and Zip Code  PERCES RAND WCCP Selesouth, Next		
	5889 WINDSOR TERRALE		
	BOCA RATION DOESDA 33496 City/State and Zin Code		
	Pekeb Rywo WCCP bellsouff, Net  E-mail address: (to be used for future annual report notification)	۲,	
For further information	n concerning this matter, please call:		
PLSE Name	e of Person at (Sb), 926-3687  Area Code & Daytime Telephone Number	2011 DEC 20	4 2
Enclosed is a check for	r the following amount:	20	-
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	$\mathcal{L}$	

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

	OF			
	iffett LL			
(Name of the Limited Liabili (A Florida	ty Company as it now appears Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	INE / LOD/ and assigned		
Florida document number <u>Lo 700000</u> (	<u>9</u> 934			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here			
UNIVERSAL INVESTIN	6 LVC			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compar	y," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		7AS 20		
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>		
		SS Y		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		ur records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	P. v			
	Ente	Enter Florida street address		
	a:	, 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 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 = N MGRM =	Aanager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
<del></del>	<del></del>		Add Remove
			Add Remove
D. If ame	nding any other information, enter change(	S harm (Attach additional sheats if wassesson)	Add S Remove
-			O MINION O
			<del></del>
Dated	December 20, 20.	11. Bruno	
	Signature of a member of	r authorized representative of a member  BRYNO  printed name of signee	

Page 2 of 2

Filing Fee: \$25.00