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COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE	CCT:	Universita	al Solutions, LLC			
		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	_			
			Andrew Wilbourn Name of Person			
		ł In	ivaraital Salutiona LLC			
		- OII	iversital Solutions, LLC Firm/Company			
			6187 Banyan Circle			
			Address			
		Fle	eming Island, FL 32003 City/State and Zip Code			
		s	ales@universital.net		14 is 28	
For furt	her information co	E-mail address: (ncerning this matter, please c	to be used for future annual report i	notification)	2011 SEP 16 SECRETARY	
	Andr	ew Wilbourn	at (_904_)	910-9398	ARY O	The state of the s
	Name of		Area Code & Day	ytime Telephone Number	AM 101 46	
Enclose	d is a check for the	e following amount:			AOA TO	
√ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certified	ite of Status &	sed)
		NG ADDRESS:	STREET/COU	JRIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L	Iniversital Solutions, LL	C		
(<u>Name of the Limite</u> (/	I Liability Company as it now app A Florida Limited Liability Compan	ears on our records.)		
The Articles of Organization for this Limited L	• • • • –	February 22, 2011	and assigned	
This amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name o	of the limited liability company l	nere:		
The new name must be distinguishable and end win'L.L.C."	th the words "Limited Liability Con	npany," the designation "LI	C" or the abbreviation	
Enter new principal offices address, if applic	cable:		T SEE	
(Principal office address MUST BE A STREE			A W	
			ARY 6	
Enter new mailing address, if applicable:		- !		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		RATE S	
B. If amending the registered agent and/ registered agent and/or the new registered o		n our records, <u>enter th</u>	e name of the new	
Name of New Registered Agent:	Andrew Wilbourn			
New Registered Office Address:	New Registered Office Address: 6187 Banyan Circle			
	Enter Florida street addre	ess		
	Fleming Island	, Florida	32003	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Wayne Sepega	6187 Banyan Circle Fleming Island, FL 32003	Add Remove
MGRM	Sandi Wilbourn	6187 Banyan Circle Fleming Island, FL 32003	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s	here: (Attach additional sheets, if necessary.)	Add Rentage SEP 16
			RY OF SIL
 Dated	August 30 . 2011	•	- -
_	Signature of a member or And rew Wilhourn Typed or 1	authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00