

L08000087114

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAY -3 PM 2:24

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J. SAULSBERRY  
EXAMINER

MAY 6 2011

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **UNIVERSAL LUBRICANTS 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:

**BERENICE IPIA-FELICIANO**

Name of Person

**PRATS FERNANDEZ & CO.**

Firm/Company

**2121 PONCE DE LEON BLVD. SUITE 240**

Address

**CORAL GABLES FL 33134**

City/State and Zip Code

**ADMIN@PRATSFERNANDEZ.COM**

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

For further information concerning this matter, please call:

**BERENICE IPIA-FELICIANO**

Name of Person

at ( **305** )

**444 8333**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**UNIVERSAL LUBRICANTS 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 09-12-2008 and assigned  
Florida document number L08000087114.

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)**

6925 TORDERA STREET

CORAL GABLES, FL 33146

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2121 PONCE DE LEON BLVD. SUITE 240

CORAL GABLES, FL 33134

**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:

PRATS FERNANDEZ & CO

New Registered Office Address:

2121 PONCE DE LEON BLVD. SUITE 240

*Enter Florida street address*

CORAL GABLES

Florida

33134

*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 = Manager  
MGRM = Managing Member

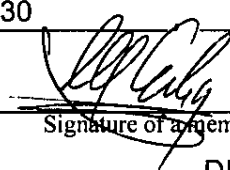
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DIRK SCHALL-EMDEN	6925 TORDERA STREET CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ERICK AMARAL	8770 SW 72 ST MIAMI, FL 33173	<input type="checkbox"/> Add <input checked="" type="checkbox"/> 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.)*

EMPLOYER IDENTIFICATION NUMBER EIN 38-3806318

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated MARCH 30 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
\_\_\_\_\_  
DIRK SCHALL-EMDEN  
\_\_\_\_\_  
Typed or printed name of signee



Department of the Treasury  
Internal Revenue Service  
Cincinnati, OH 45999

In reply refer to: 0241164871  
Nov 13, 2009 LTR 147C  
38-3806318

UNIVERSAL LUBRICANTS LLC  
% DIRK SCHALL-EMDEN  
CCS 11272 PO BOX 025323  
MIAMI FL 33102

Taxpayer Identification Number: 38-3806318

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of November 13th, 2009.

Your Employer Identification Number (EIN) is 38-3806318. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

*Ms C McGlothlin*

Ms. C McGlothlin  
17-51542  
Customer Service Representative

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