2110000045681

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(enyrelate/21p/ florid ii)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

MAY 5 2011

COVER LETTER

Registration Section

TO:

Division of Corpo	rations				
SUBJECT:	Universal Ur	nderstandings, LLC			
SUBJECT:		ted Liability Company			
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
		Donald Hill		-	
		Name of Person			
	Unive	rsal Understandings, L	LC		
	•	Firm/Company	,	-	
	14352 79th Court North		2011 SEC		
	•	Address			
	Lo	oxahatchee, FL 33470		SSE	1
		City/State and Zip Code			
Lo No.	7.5	nderstandingsinc@yah to be used for future annual report all:	oo.com i notification)	2011 MAY -3 AM II: 13 SECRETARY OF STATE ALLAHASSEE FLORIDA	į
Doi	nald Hill	at (_561)	596-1526		
Name of Pe	erson	Area Code & D	aytime Telephone Numbe	er	
Enclosed is a check for the f	ollowing amount:				
\$25.00 Filing Fee	330.60 Filing Fee & . Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	ate of Status &	
Registration of Division of Contraction of Contract	f Corporations	Registration S Division of C	orporations ing		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Univ (Name of the Limited	Versal Understanding 1 Liability Company as it now A Florida Limited Liability Com	JS, LLC appears on our records.)	
The Articles of Organization for this Limited I. Florida document number	and assigned		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	of the limited liability compa	inv here:	•
·	Not Applicable	•	
The new name must be distinguishable and end wi"L.L.C."	th the words "Limited Liability	Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applie	cable:		TA 28
(Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			Y-3 AMII: 13
B. If amending the registered agent and registered agent and/or the new registered of		ss on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Not Applicable		
New Registered Office Address:		•	
		Enter Florida street a	ddress
		, Florida _	
\overline{C}		•	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 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 **Address** Type of Action <u>Title</u> Name 1 16840 S.W. 108 AVENUE **MGRM** Douglas Hill Miami, Fl 33157 Rowey W. Oliver MGRM 1195 NW 151 St ✓ Add Remove Miami, FL 33169 ∏Àdd Remove Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Add FEI/EIN Number 800709033 2011 Dated Signature of a member or authorized representative of a member **Donald Hill** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00