

L11000138328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 28 2015

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UNIVERSAL COMMUNIATIONS USA,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:

DERWIN A WESTERBURGER

Name of Person

DADZAA INVESTMENTS

Firm/Company

304 INDIAN TRACE SUITE 636

Address

WESTON,FLORIDA 33326

City/State and Zip Code

d.westerburger@gmail.com

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

For further information concerning this matter, please call:

Derwin A Westerburger

786 2299733
at ()

Name of Person

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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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	M&A TRADING GROUP,INC		<input type="checkbox"/> Add
		P.O.BOX 310715 MIAMI FL 3323	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	UNIVERSAL COMMUNICATION		<input type="checkbox"/> Add
		304 Indian Trace suite 636 Weston	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Derwin Westerburger	4269 NW 88 Ave Sunrise Fl 33351	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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 STATE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: 10/15/2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 15, 2015

Signature of a member or authorized representative of a member

DERWIN A WESTERBURGER

Typed or printed name of signee

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Filing Fee: \$25.00

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