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SECRETARY OF STATE
TALLAHASSEE, FINALE

OCT 1 5 2013

T. BROWN

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

INVERSIONES UNIVERSAL DOS 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:

## JULIO C CORTEZ

Name of Person

## INVERSIONES UNIVERSAL DOS LLC

Firm/Company

# **13100 NW 38TH AVENUE**

Address

## OPA LOCKA FL 33054

City/State and Zip Code

## JCCOTEZALEMAN@YAHOO.COM.MX

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

For further information concerning this matter, please call:

JULIO C CORTEZ

at (305) 953-8899

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

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

13 OCT 11
ALLAHASSEE, FLORIDA

#### INVERSIONES UNIVERSAL DOS, LLC

(Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company)

			• 1	
The Articles of Organization for this L	imited Liability Company were filed on	02/01/2012	and assigned	
Florida document number L120000	15534			
This amendment is submitted to amend	I the following:			
A. If amending name, enter the new	name of the limited liability company h	ere:		
The new name must be distinguishable an "L.L.C."	d end with the words "Limited Liability Com	pany," the designation "L	LLC" or the abbreviation	
Enter new principal offices address,	if applicable:			
(Principal office address MUST BE A	STREET ADDRESS)			
	<del></del>			
Enter new mailing address, if applica	able:			
(Mailing address MAY BE A POST O				
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		_		
B. If amending the registered age registered agent and/or the new registered	ent and/or registered office address on stered office address here:	our records, enter t	he name of the new	
Name of New Registered Age	ent:			
New Registered Office Addre	ess:			
	E	Enter Florida street address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if ch	nanging 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>	Address	Type of Action
MGR	JULIO F CORTEZ	13100 NW 38TH AVENUE	E ✓ Add
		OPA LOCKA	Remove
		FL 33054	_
			Add
	•		Remove
			<del></del>
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D. If amending a	any other information, ente	r change(s) here:	(Attach additional sheets, if	necessary.)
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octo	BER 08	2013		
	Ju	elio 1/1	<b>L</b>	
	Signature of a	member or authori	zed representative of a member	
		JULIO C CC	RTEZ	
<del></del>		Typed or printed	name of signee	
		Page 3	3 of 3	

Filing Fee: \$25.00