L120007/37/

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(D.	A November 2	
OU)	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	Name of Limit	orticae Service de Liability Company	s,uc
The enclosed Articles of An	nendment and fee(s) are subr	mitted for filing.	•
Please return all correspond	ence concerning this matter t	to the following:	
		Name of Person	
	Avalon	Park Account	Λ ()
		Firm/Company	'`\
	13000 F	Address Lake Dr	# 303
-		City/State and Zip Code Obe used for future annual report notification	
For further information conc	eerning this matter, please ca		
Dalia Ca Name of Pe	arror, CPA	at (321) 221 - O Area Code & Daytime Te	lephone Number
Enclosed is a check for the f	ollowing 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

13 OCT -1 PM 3:52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

September 6, 2013

DALIA CANTOR AVALON PARK ACCOUNTING 13000 AVALON LAKE DR #303 ORLANDO, FL 32828

SUBJECT: UNIVERSAL MORTGAGE SERVICES, LLC

Ref. Number: L12000071371

We have received your document for UNIVERSAL MORTGAGE SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 013A00021048

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company is it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	ility Company were filed on 5/29	2012 and assigned
Florida document numberL12 000'	713.71	T T T T T T T T T T T T T T T T T T T
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	FH 3:3
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," the d	
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	0	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	la street address
_	·	Florida
	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 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 9373 Venezici Plantation MAdd Edwin Ramirez Orlando ,FC 32829 Remove Remove Remove

	 				
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Page 3 of 3

Filing Fee: \$25.00

2013 OCT -1 PM 3: 34