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SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. BRUCE

AUG 28 2012

EXAMINER

COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Co	orporations		
SUBJECT:	UNIVERSA	L LAW GROUP LLC	
	Name of Lim	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	abmitted for filing.	
Please return all corresp	oondence concerning this matte	er to the following:	
		ADOLFO MIRABAL	
		Name of Person	
	UNIV	ERSAL LAW GROUP LLC	
		Firm/Company	
,š	560	00 SW 135 AVE STE 200	
	 	Address	2 A
		MIAMI, FL. 33175	FILI 12 AUG 27 SECRETARN ALLAHASS
		City/State and Zip Code	FILED 27 PH ARY OF ASSEC,
	operations	s@universallaw.comcastbiz.net	
	E-mail address:	(to be used for future annual report notification)	L: 02 STATE FLORID
For further information	concerning this matter, please	call:	
ADO	OLFO MIRABAL	at (305) 967-8487	
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	(additional copy is enclosed) Certified (e of Status &
	LING ADDRESS: stration Section	STREET/COURIER ADDRESS: Registration Section	
Division of Corporations		Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>W GROUP L</u>	LC	<u></u>		
any as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company were filed on 6/15/20				
bility company her	<u>·e</u> :			
nited Liability Comp	any " the decignation "I	I C" or the abbreviation		
nted Liability Compa	any, the designation i	LLC of the abbreviation		
5600 SW 138	5 AVE	· 50 =		
STE. 200		ECRE LANG		
MIAMI, FL.	33183	新 第 第 7 7 7 7		
		SSE 7		
<u></u>				
		5 F		
		0 N		
office address on a	our records enter t	he name of the new		
re:	our records, enter	ne name of the new		
Enter Florida stre				
Cin	, Florida	Zin Code		
	any as it now appear Liability Company) y were filed on bility company here 5600 SW 138 STE. 200 MIAMI, FL. office address on ore:	bility company here: nited Liability Company," the designation "I 5600 SW 135 AVE STE. 200 MIAMI, FL. 33183 Soffice address on our records, enter the re: Enter Florida street address, Florida		

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.

FILED

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>	Name	Address	Type of Action
MGR	JOSEPH PEREA	5600 SW 135 AVE STE 200 MIAMI, FL. 33183	Add Remove
MGR_	ADOLFO MIRABAL	9801 SW 56 ST MIAMI, FL. 33165	Add Remove
 			Add Remove
			Add Remove
···, - ···			Add Remove
			Add Remove
D. If amo	august 15	hange(s) here: (Attach additional sheets, if necessary.) 2012 ember or authorized representative of a member	12 AUG 27 PM 4: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA
		ADOLFO MIRABAL Typed or printed name of signee	
	1	. урез от риниса паше от зівнес	

Page 2 of 2

Filing Fee: \$25.00