

L12000079810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

D. BRUCE
AUG 28 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UNIVERSAL LAW GROUP 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:

ADOLFO MIRABAL

Name of Person

UNIVERSAL LAW GROUP LLC

Firm/Company

5600 SW 135 AVE STE 200

Address

MIAMI, FL. 33175

City/State and Zip Code

operations@universallaw.comcastbiz.net

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

For further information concerning this matter, please call:

ADOLFO MIRABAL

Name of Person

at (**305**)

967-8487

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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UNIVERSAL LAW GROUP LLC

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TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSEPH PEREA	5600 SW 135 AVE STE 200 MIAMI, FL. 33183	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ADOLFO MIRABAL	9801 SW 56 ST MIAMI, FL. 33165	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated August 15, 2012

Signature of a member or authorized representative of a member

ADOLFO MIRABAL
Typed or printed name of signee

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TALLAHASSEE, FLORIDA