

L13000000602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

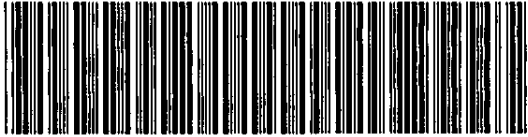
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900243665949

01/18/13--01012--028 **25.00

FILED
STATE DEPARTMENT OF REVENUE
DIVISION OF CORPORATE AFFAIRS
13 JAN 18 PM 12:19

JAN 22 2013
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UNIVERSAL MORTGAGE 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:

ALEJANDRO J GARCIA

Name of Person

UNIVERSAL MORTGAGE LLC

Firm/Company

1430 S. DIXIE HWY # 309

Address

CORAL GABLES FL 33146

City/State and Zip Code

ALEX@GARSH.NET

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

For further information concerning this matter, please call:

ALEX GARCIA

Name of Person

at **305 8038021**

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**

UNIVERSAL MORTGAGE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 1/03/2103 and assigned
Florida document number L13000000602.

13 JAN 18 PM 12:19
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1430 S. DIXIE HWY # 309

CORAL GABLES FL 33146

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1430 S. DIXIE HWY # 309

CORAL GABLES FL 33146

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

1430 S. DIXIE HWY # 309

Enter Florida street address

CORAL GABLES

City

Florida 33146

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 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:

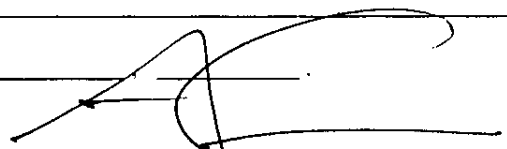
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

13 JAN 19
PH: 19
RECEIVED
COMM. DIV.
STATE OF TEXAS

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

Dated 1/14/13



Signature of a member or authorized representative of a member

ALEJANDRO J. GARCIA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
DIVISION OF CORPORATIONS
13 JAN 18 PM 12:19