## L130000 22000

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	
(Docu Certified Copies	ment Number) Certificates	





700288469247

08/04/16--01014--030 \*\*30.00

2016 AUG - U A III:

MR 0.2 SOLS

1129

## **COVER LETTER**

то:	Registration S Division oaCo	ection rporations	,		
erm	ECT.	Universe Network LLC			
SUBJ	ECI:	Name of Lim	ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	e return all corresp	ondence concerning this matter	to the following:		
		Radames Maldonado			
			Name of Person	<del> </del>	
		Universe Network LLC			
			Firm/Company		
		16100 Kingsmoor way			
		<del></del>	Address		9
		Miami Lakes FL 33014	,		1
		RadamasMiami@gmail.com	City/State and Zip Code		K S
		E-mail address: (	to be used for future annual report noti	fication)	
For fu	rther information	concerning this matter, please ca	all:	,	
Radan	nes Maldonado		305 798-8896 at ( )		
	Name	of Person	Area Code Daytim	e Telephone Number	
Enclos	sed is a check for	the following amount:			
□ \$2	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)	
		LING ADDRESS: tration Section	STREET/COURI Registration Section		
	Divisi	on of Corporations	Division of Corpor		
		Box 6327 assee, FL 32314	Clifton Building 2661 Executive Ce	enter Circle	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Universe Network LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company lorida document number L13000022000	y were filed on <u>02/12/2013</u>	and assigned
his amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limited lial</u>	oility company here:	
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	n "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	6043 NW 167 st Unit A2	27
Principal office address MUST BE A STREET ADDRESS)	Hialeah	
	Florida 33015	<del>-</del>
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
Hading dadress MAT BE A FOST OFFICE BOX		> ,,,,,,,,,
s. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here.		ecords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	City	, Florida Zip Code
	Cuy	гір Сойс

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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brian Abraham	16100 Kingsmoor way Miami Lake	□ Add
			■ Remove
			Change
MGR	Jeremy Schwietz	16100 kingsmoor way Miami lakes	Add
			■ Remove
			☐ Change
			Add
			Remove Change
	<del></del>		Add C
			Change
<del></del> .	<del></del>	<del></del>	Add
		- <u>-</u> -	□ Remove
			Change
	<del></del>	<del></del>	□ Add
			☐ Remove
			Change

	<del></del>				
-					
					_
	<del></del>	<del></del>		<del></del> -	
		·			
			=	2016	
				- AUG	(28 P) T - N
			<u> </u>	<u>ਨ</u>	- Carrier
				-	11 11 11 11 11
	<del></del>		J	<del>```</del>	
			<u>.</u>		
				12	
				<del></del>	
ective date, if other than the date of filing:	· · · · · · · · · · · · · · · · · · ·		ptional)		
effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the applic					
nument's effective date on the Department of State's records.		ing requirements,	ans auto	W111 110t C	70 113100
record specifies a delayed effective date, but no	t an effective	e time, at 12:0	1 a.m. d	on the	earlie
he 90th day after the record is filed.					
An 2nd 2016	•				
ed August 2nd 2016	_· .	•			
	1	2 2 11			
I As I want to the said of the	11	1/1/1/1/			
Signature of a member or auth	» S	42016			

Page 3 of 3

Filing Fee: \$25.00