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COVER LETTER

UNIVERSAL BUREAU INSPECTION LLC

Name of Limited Liability Company

TO:

Dear Sir or Madam:

CR2E062 (4/13)

Registration Section Division of Corporations

The enclosed Articles of Correction and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
ASHOK K. VAR SHNEY Name of Person UNIVER SAL BUREAU INSPE Firm/Company 13288 LITTLE G. Em CIR Address FORT MYENS FL 33913 City/State and Zip Code	ECTION LLC			
FLEX PORTS @ A O L. Com E-mail address: (to be used for future annual report notification)	ORICE			
For further information concerning this matter, please call: ASHOK WAR SHWEY at (239)	de & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee \$\times \text{Certificate of Status}\$ \$55 Filing Fee & \text{Certified Copy}\$	 \$60 Filing Fee, Certificate of Status & Certified Copy 			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNIVERSAL BUREAU NSPECTION 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 _____O7 [Florida document number <u>L 13000 10 3900</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: UNIVERSAL BUREAU INSPECTION GROUP & A FFILIATES LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC". "L.L.C." 13288 LITTLE GEMCIR FORT MYEAS, FL 33913 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 13288 LITTLE GEM CIR Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			125 Sec. 12	
			Remove Part Add of	
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D. İf,an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary	ary.)
		
Dated _	July 25, 2013.	LE SEE LE L
	Signature of a member or authorized representative of a member A SHOK K. VARSHNEY Typed or printed name of signee	STATE OR OF THE STATE OF THE ST

Page 3 of 3

Filing Fee: \$25.00