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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Ві	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

TO: Registration Section
Division of Corporations

Subject: Universal Resources 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:

James W King, Jr.

Name of Person

King Financial, LLC

Firm/Company

945 West Michigan Ave., Ste. 5B

Address

Pensacola, FL 32505

City/State and Zip Code

Kingco1040@aol.com

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

For further information concerning this matter, please call:

James W King, Jr.

at (_______)__

434-2400

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

□ \$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

	al Resources Group, LLC	
(Name of the Limited (A	Liability Company as it now appears on our reco Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liab Florida document number L13000157076	oility Company were filed on 11/07/2013	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	tu.
UNIVERSAL RESOURCES	S GROUP, LLC OF FLORIDA	201
The new name must be distinguishable and end with the wo	rds "Limited Liability Company," the designation "L	LC" or the abbreviation L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	O RY OF
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	STATE STATE
B. If amending the registered agent and/or registered agent and/or the new registered office		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ress
	, I	Florida 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 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> **Address** Type of Action <u>Name</u> □ Add Remove _□ Add _□ Remove _□ Add _□ Remove □ Add

□ Remove

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Page 3 of 3

Filing Fee: \$25.00