

L13000160658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 17 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **UNIVERSE STORE 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:

HECTOR H CORREA

Name of Person

UNIVERSE STORE, LLC

Firm/Company

3810 SW 171ST AVE

Address

MIRAMAR, FLORIDA 33027

City/State and Zip Code

HECTORF-C-E@HOTMAIL.COM

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

For further information concerning this matter, please call:

HECTOR H CORREA

Name of Person

at **954 391-0245**

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**

UNIVERSE STORE, 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 11/15/2013 and assigned
Florida document number L13000160658

This amendment is submitted to amend the following:

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

UNIVERSE STORE, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3810 SW 171ST AVE
MIRAMAR, FLORIDA 33027

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3810 SW 171ST AVE
MIRAMAR, FLORIDA 33027

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: HECTOR H CORREA

New Registered Office Address: 3810 SW 171ST AVE
Enter Florida street address

MIRAMAR, Florida 33027
City 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

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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

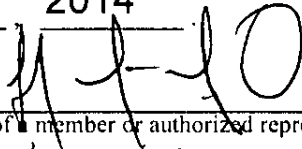
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HECTOR H CORREA	3810 SW 171ST AVE	<input type="checkbox"/> Add
		MIRAMAR, FLORIDA 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: 11/15/2013 (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 01/07 2014



Signature of member or authorized representative of a member

Hector Correa E.

Typed or printed name of signee

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Filing Fee: \$25.00

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