

#L13000161983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

FEB 11 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: (UMM) Universal Master in Management, 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:

Hanna Khouri

Name of Person

Universal Master in Management, LLC

Firm/Company

604 Banyan Trail PO Box 810282

Address

Boca Raton, FL 33481

City/State and Zip Code

hkhouri78@gmail.com

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

For further information concerning this matter, please call:

Hanna Khouri

Name of Person

at (305) 321 2856

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

~~TX~~ ☒ \$25.00 Filing Fee
HX

~~X~~ ☒ \$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

FILED
2014 FEB -7 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Universal Master in Management, 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 11-19-2013 and assigned
Florida document number 213000161983.

This amendment is submitted to amend the following:

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

International Consulting & Innovative Solutions, LLC

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)

2400 W. Cypress Creek Rd.
Suite 200
Fort Lauderdale, FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

604 Banyan Trail
P.O. BOX 810282
Boca Raton, FL 33481

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

_____, Florida

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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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: _____ **(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 January 31, 2014.



Signature of a member or authorized representative of a member

Hanna Khouri

Typed or printed name of signee

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Filing Fee: \$25.00