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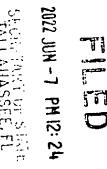
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COVER LETTER

, Divisi	ion of Corp	orations					
	Jniversal Ho						
SUBJECT: _		Name of Lim	ited Liability Company				
The enclosed A	Articles of A	amendment and fee(s) are sub-	mitted for filing.				
Please return a	ll correspon	dence concerning this matter	to the following:				
		Lillian Colon					
			Name of Person				
	Universal Homes, Llc.						
	Firm/Company 4755 SW 73 Avenue						
4755 SW 73 Avenue							
Address							
		Davie, Fl 33314					
	City/State and Zip Code						
		nurselili83@gmail.com E-mail address: (to be used for future annual report notif	fication)			
For further info	ormation co	ncerning this matter, please ca	all:				
Lillian Colon			305 796-6883				
	Name of	Person	Area Code Daytime	e Telephone Number			
Enclosed is a c	theck for the	e following amount:					
□ \$25.00 Fil	ling 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)			
	ing Address istration S		Street Address: Registration Sec	ction .			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN - 7 PH 12: 24

Universal Homes, Llc. (Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{11/17/2014}{1}$ and assigned Florida document number _ L14000178203 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: Lillian Colon Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address _. Florida _ City

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Enrique Caballero	4755 SW 73 Avenue	□Add
		Davie, Fl 33314	■Remove
			Change
			
			□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the D	date of filing: t be specific and cannot ock does not meet the	applicable statutor	g or more than 90 days af	otional) Ner filing.) Pursuant to 605.0207 this date will not be listed as
e record specifies a delayed effectived is filed.	e date, but not an effe	ective time, at 12:01	a.m. on the earlier of:	(b) The 90th day after the
Dated	2022	! 		
Jaica				
	Signature of a member	/		