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(Re	questor's Name)	
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## **COVER LETTER**

SUBJECT: Universal land Realty Investments (C) 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:	
EleviA (Chilophes CeinA) Name of Person	
Universal land Poulty Investments, ((C	
125 NE 32 nul street, 41916	
Miami, FL 33/37 City/State and Zip Code	
ELENA VEH G GMAIC. COM.  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Eleccia Klilopushink at (917) 2163617  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy  (additional copy is enclosed)  (additional copy is enclosed)	
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MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

Um viRSal La (Name of the Limited) (A				•	AP TO
The Articles of Organization for this Limited Liab		were filed on $3-0$	2-15	and assigned	1 - 2 1 - 2 1 - 2 1 - 2
This amendment is submitted to amend the follow	ing:			÷	
A. If amending name, enter the new name of the limit of the new name must be distinguishable and contain the word			CCC	obreviation "I I (""	
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)	le:	125 NE 3. 1916 Llianci	2 nd s-	l-reet	<del></del> .
345 Ocean 62 # 704 Ulaun Beach FL 33139 Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BO		125 NE 36 1916 Mianni		•	
B. If amending the registered agent and/or registered agent and/or the new registered offic			ecords, <u>enter</u>	the name of the	new
		2-1 Cohen 7- 32 nd St Enter Florida stree	freo t	1916	
New Registered Office Address.	llian	Enter Floridu stree	address, Florida	33/37 Ziv Code	<u> </u>
Now Designationed Amena? Cinners was if showing to	Intamad A	Ciú		24. 5 000	

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

/-									
40	If amending Authorized	Person(s) authorized	d to manage,	enter the	title, name,	and addi	ress of each r	person	being added
	or removed from our rec	ords:							

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MER	Gilbert Cohen		4370 S Grand Caryon.	<u>ĆĽ</u> <b>Z</b> Add
		#	1 1110 , Las Vegos WV	19147
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ctive date, if other than th	e date of filing: ust be specific and cannot be prior to	0.51	(optional)	+ 10 605 0207 (2)/L
If the date inserted in this b	plock does not meet the applicat	ole statutory filing requires	nents, this date will not	be listed as the
ment's effective date on the L	Department of State's records.	•		
ecord specifies a delave	ed effective date, but not	an effective time, at	12:01 a.m. on the	earlier of:
e 90th day after the re				
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d upici C	, /4	LUI (		
ECL	longhi	•	•	
	Signature of a member or author	ized representative of a memb	per	<del></del>

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Filing Fee: \$25.00