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COVER LETTER

SUBJECT: Name of Limited Liability Company		Registration Se Division of Cor		•	
Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Shawn N. Alam				.t.C	
Please return all correspondence concerning this matter to the following: Shawn N. Alam	SUBJEC	.T:	Name of Lim	ited Liability Company	
Shawn N. Alam Name of Person	The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Name of Person Universal Properties Management USA, LLC Firm/Company 7171 SW 62nd Avenue, Suite 503 Address South Miami, FL 33143 City/State and Zip Code Aespinosa@pamiami.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shawn N. Alam at (786 / Area Code) Name of Person Take Code Daytime Telephone Number Enclosed is a check for the following amount: Exclosed is a check for the following amount: Exclosed is a check for the following amount: Street Address: Registration Section Registration Section	Please re	turn all correspo	ondence concerning this matter	to the following:	
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·	Division of Corporations		Division of Corporations		
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Universal Properties Management USA, 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 tiled on March 16, 2015 ___ and assigned Florida document number 1.15000046543 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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	Address	Type of Action
MGR	SHELLA M ALAM	7171 SW 62nd Avenue, Suite 503	≡ Add
		South Miami, FL 33143	□Remove
			☐ Change
			□Add
		. <u></u>	□Remove
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lf an effect <u>Note:</u> If	e date, if other than the date of filing:
e record : rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
Dated _	Movember 4th 2022. Man Alan Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Shawn N. Alam
	Typed or printed name of signee

Filing Fee: \$25.00