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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: SM Universal, LLC Name of Limited Liability Company	
Division of Corporations SUBJECT: SIM Universal 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: Valery Dukhan Name of Person SM Universal, LLC Firm/Company 23 17 Anni Sm Rd Address Jay FL 32249 City/State and Zip Code improve Photmail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Valery Dukhan Name of Person at (904) 480 9181 Daytime Telephone Number		
Please	eturn all correspondence concerning this matter to the following:	
	Valery Dukhn Name of Person	
SUBJECT: SM Universal LC 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: Valery Dulin Name of Person SM Universal LC Firm/Company 23 11 Panil Stor 2d Address Jax FL 32244 City/State and Zip Code impeace Not mail . Com E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: Valery Dulin at 904 480 - 9181 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Estational Status Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is exclosed)		
For fur	ner information concerning this matter, please call:	
	Valery Dukhin at (904) 480 - 9181 Name of Person Area Code Daytime Telephone Number	
Enclose	s is a check for the following amount:	
\$2:	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	e of Status & Copy

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

SM Universal (Name of the Limited Liability Co (A Florida Limited Liability Co	ited Liability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L 15 000 12 73 9 8</u> .	any were filed on July 27, 2015 and assigned
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 L	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	5)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
•	
	d 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 R	ent:
provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability Changing Registered Agent, Signature of New Registered Agent
11	On the second report of the resident of the re

Page 1 of 3

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>	<u>Name</u>	Address	Type of Action
MGR	Igor Charneychuk	13531 Orashaw Rd	BAdd
	_	Jax FL 32246	Remove
			Change
AMBR	Keistina Dukhin	2317 Anniston 12d	🗖 Add
		Jax FL 32246	□ Remove
			Change
· · · · · · · · · · · · · · · · · · ·			
			Remove
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			Add
			Remove
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***************************************			Add
			☐ Remove
			□ Change
<u></u>		CRETARY OF SEET.	Change
		70 70	Remove
		STATE TLORIDA	-0 Change

. If amending any other information, enter change(s) here: (Attach additional sheets,	if necessary.)	
,		
		
		
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.		
the record specifies a delayed effective date, but not an effective time, at 12) The 90th day after the record is filed.	2:01 a.m. on th	ne earlier of:
Dated March 1st 2016.		
Vng Out	r\J	
Valery Dukhin Typed or printed name of signee	TERETARY	I bid page
Typed or printed name of signee	, O	in
Page 3 of 3	4 9: 27 F STATE FLORIU	
Filing Fee: \$25.00	₹ -	