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## COVER LETTER

#### **TO:** Registration Section Division of Corporations

WM UNIVERSAL CAPITAL, LLC

SUBJECT:

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:

Timothy W. McGee, Esq.

Name of Person

Dunn, McGee & Allen, LLP

Firm/Company

446 Main St., Stc. 1900

Address

Worcester, MA 01608

City/State and Zip Code

tmcgee@dunnmcgeeallen.com

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

For further information concerning this matter, please call:

 Timothy W. McGee
 508
 754-8100

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 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

<u>ج</u>ب:

OF	
	,
WM UNIVERSAL CAPITAL, LLC	· _ ·
(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)	<u>.</u> )
	<u>_</u>
The Articles of Organization for this Limited Liability Company were filed on <u>March 29, 2016</u>	and assigned
Florida document number	
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 "L.L.C."
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 registered agent and/or the new registered office address here:	, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
Enter Florida street addres:	ί.

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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	Paula J. Donovan	5765 SW 118th St.	🖬 Add
<u>+</u> ,+		Coral Gables, FL 33156	Remove
			Change
			🛛 Add
		<u> </u>	🗌 Remove
			Change
			Add
			Remove
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			Change
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			🗌 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

Dated	October 24		
	Rulieud	P AL MAN Sr.	

Richard P. Donovan, Sr.

Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00