

L16000129151

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000180486 3)))



H160001804863ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL 27 AM 10:41

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
UNIVERSAL REALTY AND PROPERTY MANAGEMENT,
PLLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

2016 JUL 27 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JUL 28

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UNIVERSAL REALTY AND PROPERTY MANAGEMENT, PLLC

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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

jasoncmeyers73@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

at (800) 773-0888 ext. 9724

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing 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)

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

From: Orlando Realty and P Fax:

To: 3239624621@rcfax.com Fax: +13239624621

Page 3 of 9 07/26/2016 10:22 AM

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2016 JUL 27 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNIVERSAL REALTY AND PROPERTY MANAGEMENT, PLLC

(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 filed on 07/07/2016 and assigned Florida document number L16000129151.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

112 N. Summerlin Ave.

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32801

Enter new mailing address, if applicable:

112 N. Summerlin Ave.

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32801

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:

Name of New Registered Agent:

New Registered Office Address:

9129 Mid Pines Ct.

Enter Florida street address

Orlando

City

Florida 32801

Zip Code

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

From: Orlando Realty and P Fax:

To: 3239624521@refax.com Fax: +13239624521

Page 4 of 8 07/28/2016 10:22 AM

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
JUL 27 AM 10:41
CLERK OF DISTRICT COURT
JUL 27 AM 10:41
CLERK OF DISTRICT COURT

From: Orlando Realty and PFA:

To: 3239624621@refax.com Fax: +13239624621

Page 5 of 9 07/26/2016 10:22 AM

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

ARTICLE IV: Please update the address listed for AMBR Jason C Myers to:

112 N. Summerlin Ave., Orlando, FL 32801

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 26, 2016

Signature of a member or authorized representative of a member

Jason C. Myers

Typed or printed name of signee

FILED
2016 JUL 27 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA