

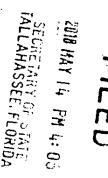
(R	lequestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(B	Business Entity Nan	ne)
(D	Occument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	ect: <u>Univer</u>	SE GENERAL SERV Name of Lim	riCES, LLC ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		MARIA MADALE	Name of Person	
		MADE IN B	Firm/Company	
		10231 METRO	PARKWAY SUITE 104 Address	
		FORT MYE	RS FL 33966 City/State and Zip Code	
		MADE IN BRAZIL SERVIO E-mail address: (to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please ca	all:	
_MA	KIA MADALENI Name of	A CALDAS LORES	at (239) 840 - 60 Area Code Daytime	7 Telephone Number
Enclos	sed is a check for th	e following amount:		
⊠ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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>UNIVERSE GENE</u>	RAL SERY	VICES, LLC	<u></u>
(Name of the Limi	ted Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited L	iability Compa	ny were filed on <u>06/15/2017</u>	and assigned
Florida document number <u>L1700137953</u>	•		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited li	ability company here:	
N/A	-		
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	NIA	
(Principal office address MUST BE A STREI	E <u>T ADDRESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	NIA	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			enter the name of the new
Name of New Registered Agent.			N-2 4-
New Registered Office Address:	MIA	- Fagging - All Sandy - All Sandy -	U.C.
		Enter Florida street address	da d
		City	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.

NIA
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>	<u>Name</u>	Address	Type of Action
MGR	ROMULO SOARES	621 SE 12TH AVENUE	Add
		APT #1119	Remove
		cape coral, PL33990	Change
MGR	ROMULO SOURES FILHO	62156 12TH AVENUE	Add
		APT #119	Remove
		CAPE CORAL, FL 33 990	□ Change
MGR	RENAN LIMA SOARES	G21SE 12TH AVENUE	
		APT. #1/19	■ Remove
		CARECORAL, FL 33990	Change
			Remove
			☐ Change
			□ Add
			Remove
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			Change

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Filing Fee: \$25.00