## L17000137953

(Requestor's Name) (Address) (Address)	500347726375
(City/State/Zip/Phone #)	07/27/2001069001 **30.80
PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	RECEIVED JUL 1 6 2020
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## **COVER LETTER**

TO: Registration Section Division of Corporations

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SUBJECT:	Universe General Services, 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:

Maria M. Caldas-Lopes
Name of Person
Made In Brazil Services
Firm/Company
12811 Kanwood Lane Suite 208
Address
Fort Myers, H. 33904
City/State and Zip Code
madeinbrazilservices@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria M. Caldas-Lopes	at ( 639 )	810-6079
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) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ART		AMENDMENT	
	_	<b>0</b>	
ARTI		ORGANIZATIC	)N
	U	)F	
( <u>Name of the Limite</u>	Universe d Liability Compa A Florida Limited	<u>General Servic</u> any as it now appears on Liability Company)	
The Articles of Organization for this Limited Lia	• • •	were filed on	D6/15/2017 and assigned
Florida document number1900133953			5
This amendment is submitted to amend the follo	wing:		
A. If amending name, <u>enter the new name of</u>	the limited liab	oility company here:	25
NA			
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company." the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	NIA	<u> </u>
(Principal office address MUST BE A STREE)	T ADDRESS)	NIA	
-		N/A	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE I	<u>3<i>OX</i>)</u>	<u>N/A</u>	
		NIA	
B. If amending the registered agent and/or reagent and/or reagent and/or the new registered office address	<b>L</b>	address on our recor	ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:	N/A		
New Registered Office Address:	<u>N/A</u>	Enter Florida s	treet address
	N/A		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.

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NIA If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	<b>Type of Action</b>
151- <u>MGR</u>	Alvarez Martinez, Malcolm	1803 SW Santa Barbara PL	XAdd
		Cape Coral A 33991	🗆 Remove
		15t manager"	🗋 Change
2nd <u>MGR</u>	Dos Santos Silva, Marcos Paul	lo (Changre title position)	🗆 Add
		"ZNd Manager"	
Jrd" <u>NKIR</u>	Goncalves Reitor, Giselle	Chance title position	
		"3rd manacher"	🗆 Remove
			Change
			🖸 Add
			🗆 Remove
			□Change
	<u> </u>		🗆 Add
		·	Remove
			□Change
	<u></u>		🗆 Add
			🗆 Remove
			□ Change

and the second second

D.	If amending any other information	n, enter change(s) here:	(Attach additional shee	ts, if necessary.)
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E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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	01/13		
	G_selle	6. Cettr e of a member or authorized representative of a member	
		Giselle Goncalves Reitor (m. R)	_
		Typed or printed name of signee	