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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| | ation Section n of Corporatio | ns | | |
|-------------------|----------------------------------|--|-----------------------|---|
| Un SUBJECT: | iversal Financia | Consultants, LLC | | |
| 30 D 31201 | | Name of Limi | ted Liability Company | |
| The enclosed Ar | ticles of Amend | ment and fee(s) are sub | nitted for filing. | |
| Please return all | correspondence | concerning this matter (| to the following: | • |
| | Dog | ng Burns. Esquire | | |
| | | | Name of Person | |
| | Dou | ig Burns, P.A. | | |
| | | And Consultants, LLC Name of Limited Liability Company Iment and fee(s) are submitted for filing. c concerning this matter to the following: Bug Burns. Esquire Name of Person Bug Burns. P.A. Firm/Company 59 Nursery Road, Suite A City/State and Zip Code rnspa@tampabay.rr.com E-mail address: (to be used for future annual report notification) ing this matter, please call: at (727 725-2553 725-25 | | |
| | 255 | 9 Nursery Road, Suite A | 1 | |
| | | t | Address | |
| | Cle | arwater, Florida 33764 | | |
| | | | · | |
| | dbur —— | | | notification) |
| For further infor | nation concerni | | · | nonneadon) |
| Deborah A. Gibs | son | | 727 725-255. | 3 |
| | Name of Person | | Area Code Da | ytime Telephone Number |
| Enclosed is a che | eck for the follow | ving amount: | | |
| ■ \$25.00 Filing | | | Certified Copy | Certificate of Status & Certified 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

| Universal Financial Consultants, I | | |
|---|---|--------------------------------|
| (Name of the Lim | ited Liability Company as it now appears on our record (A Florida Limited Liability Company) | <u>s.</u>) |
| The Articles of Organization for this Limited I | Liability Company were filed on April 2, 2018 | and assigned |
| This amendment is submitted to amend the following | lowing: | |
| 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 appli | cable: | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | E BOX) | CRETARY OF STORY OF CORPOR |
| B. If amending the registered agent and registered agent and/or the new registered of | d/or registered office address on our records | enter the name of the new |
| Name of New Registered Agent: | Douglas Burns | |
| New Registered Office Address: | | |
| | Enter Florida street address | S |
| | | orida |
| | 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.

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> | Name | Address | Type of Action |
|--------------|---------------|-------------------------------|----------------|
| MGR | Douglas Burns | | Add |
| | | | ■ Remove |
| | | · | Change |
| MGR | Vincent Munno | 124 12th Street | ■ Add |
| | | Belleair Beach, Florida 33786 | □ Remove |
| | | | Change |
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| ective date, if other than the date of filing neffective date is listed, the date must be specific and | cannot be prior to da | te of filing or more than 90 | (optional) days after filing.) Pursuant | ta 605.02(|
| te: If the date inserted in this block does not in cument's effective date on the Department of St | eet the applicable | statutory filing require | ments, this date will not b | e listed a |
| record specifies a delayed effective de The 90th day after the record is filed: | ate, but not an | effective time, at | 12:01 a.m. on the | earlier (|
| ted my 4. | 2013 | | | |
| | 0 5 | _ | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00