18000112862

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COVER LETTER

ТО	Registratio Division of	on Section Corporations	
CHD IE4		rsal Tech Services	
SUBJE	Cr	Name of Limited Liability Company	
The encl	losed Article	es of Amendment and fee(s) are submitted for filing.	
Please re	eturn all corr	respondence concerning this matter to the following:	
		Brian Watts	
		Name of Person	
		Universal Tech Services	
		Firm/Company	
		4819 Chastain Dr	
		Address	
		Melbourne, Florida 32940	
		City/State and Zip Code	
		universaltech79@gmail.com	
		E-mail address: (to be used for future annual report notification)	
For furth	her informati	ion concerning this matter, please call:	
Brian W		at () une of Person Area Code Daytime Telephone Number	
	Na	ume of Person Area Code Daytime Telephone Number	
Enclose	d is a check (for the following amount:	
\$25.	.00 Filing Fc	ce Solutional copy is enclosed \$60.00 Filing Fee & Certificate of Status Certified Copy Certified Copy Certified Copy (additional copy is enclosed)	of Status & opy

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 Tech Services			
(Name of the Limited Liabilia (A Florida	ty Company as it now appears on our records.) i Limited Liability Company)		
The Articles of Organization for this Limited Liability C Florida document number L18000112862	Company were filed on May 4, 2018	and assigned	d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."	
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDR	RESS)	18	NZ.
		SEI	<u> </u>
		t t	32
Fater was walling address if applicable.		ഗ	55
Enter new mailing address, if applicable:		골	<u>~~요</u> .
(Mailing address MAY BE A POST OFFICE BOX)			- <u>E</u> 5:
			- 2
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		the name of t	he nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Florida		
	City	Zıp 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>	<u>Name</u>	Address	Type of Action
AMBR	Kevin Duryee (correction)	8422 Springlake Dr. Boca Raton, FL. 33946	
		-	☐ Remove
			Change
			🗖 Add
			□ Remove
			Change
			□ Remove
		 	Change
		.	
			Remove

		☐ Remove	
		Change	
		Add	
			☐ Remove
			☐ Change

	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing lote: If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	(optional) g or more than 90 days after filing) Pursuant to 605.020 filing requirements, this date will not be listed as
e record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier o
ated	
In Nat	
Signature of a member or authorized represer	itative of a member
Signature of a member of authorized represen	

Page 3 of 3

Filing Fee: \$25.00