

L19000060712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

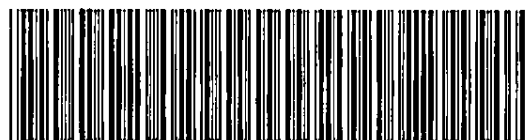
(Business Entity Name)

(Document Number)

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2019 MAY 13 11:11 AM  
FILING OFFICE

2019 MAY -6 A 11:11 AM

FILED

MAY 15 2019  
T. LEMMON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Universal 37 Group, 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:

Jeremy L Smith

\_\_\_\_\_  
Name of Person

Universal 37 Group, LLC

\_\_\_\_\_  
Firm/Company

10944 Eniwetok Dr.

\_\_\_\_\_  
Address

Jacksonville, FL 32246

\_\_\_\_\_  
City/State and Zip Code

Jeremy@Universal37.com

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

For further information concerning this matter, please call:

Jeremy Smith

904

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

*SS*  
~~762-4104~~ *762-4104*

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

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

**FILED**

Universal 37 Group, LLC

(Name of the Limited Liability Company as it now appears on our records  
(A Florida Limited Liability Company))

2019 MAY -6 A 11: 20

The Articles of Organization for this Limited Liability Company were filed on March 4th, 2019 and assigned  
Florida document number L19000060712.

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

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

10944 Eniwetok Dr.

Jacksonville, FL 32246

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

10944 Eniwetok Dr.

Jacksonville, FL 32246

**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:

Jeremy L Smith

New Registered Office Address:

10944 Eniwetok Dr.

*Enter Florida street address*

Jacksonville

Florida 32246

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Josie R Smith	10944 Eniwetok Dr. Jacksonville, FL 32246	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

There is no Authorized Representative for either member. Jeremy L Smith and Josie R Smith will sign all documents by hand and with their own signature. Shannon J McMasters was never authorized to be the Registered Agent. Please change the Registered Agent to my name, Jeremy L Smith. I am the Managing Member with 85% of the company and Josie R Smith has 15% of the company. No other Members are to be listed on the Articles of Organization.

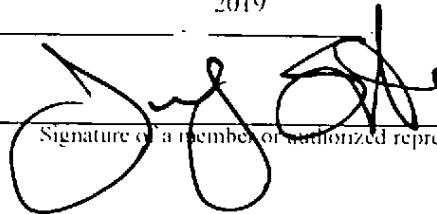
**E. Effective date, if other than the date of filing:** 04/25/19 **(optional)**

(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 April 25th 2019



Signature of a member or authorized representative of a member

Jeremy Smith

Typed or printed name of signee