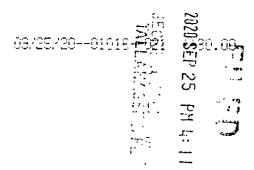
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration S Division of Co						
	UNI	VERSAL RISE LLC				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		ALI R HUSSEINI				
		Name of Person				
		UNIVERSAL RISE LLC				
		Firm/Company				
	12735 CAIRO LANE					
		Address				
	•	OPA LOCKA. FL 33054				
	UNIVERSAL RISE LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. All R HUSSEINI Name of Person UNIVERSAL RISE LLC Firm/Company 12735 CAIRO LANE Address OPA LOCKA, FL 33054 City/State and Zip Code topcash4junkcar@gmail.com E-mail address: (to be used for future annual report notification) Freson R HUSSEINI Area Code Daytime Telephone Number Ferson Following amount: S \$30.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certification Registration Section Division of Corporations The Centre of Tallahassee					
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: ALL R HUSSEINI Name of Person UNIVERSAL RISE LLC Firm/Company 12735 CAIRO LANE Address OPA LOCKA, FL 33054 City/State and Zip Code topeash4junkear@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALL R HUSSEINI ALL R HUSSEINI Area Code Daytime Telephone Number Enclosed is a check for the following amount: Selection of Corporations Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee						
For further information		all:				
Al	LI R HUSSEINI	682 667-0021 CS TP				
Name	of Person					
Enclosed is a check for	the following amount:					
□ \$25.00 Filing Fee	-	Certified Copy Certificate of Status & Certified Copy				
		<u> </u>				
Division of 0	Corporations	Division of Corporations				
i alialiassee,	I L J4J14	2713 IV. Midnioc Street, Suite 610				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNIVER	SAL RISE LLC					
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company	were filed on APRIL 1, 2020	and assigned				
Florida document number L20000094577						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	12735 CAIRO LANE					
Principal office address MUST BE A STREET ADDRESS)	OPA LOCKA, FL 33054					
		202 SE				
Enter new mailing address, if applicable:	12735 CAIRO LANE	SEP 2				
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	OPA LOCKA, FL 33054					
		<u> </u>				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new register				
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address					
	, Florida					
	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>	Type of Action
MGR	ALI R HUSSEINI	12735 CAIRO LANE, OPA LOCKA, FL 33054	= Add
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(If an effective de Note: If the co	ate is listed, the late inserted in	an the date of date must be speci in this block does in the Departmen	firing: fic and cannot b not meet the	be prior to d applicable	late of filing o			ng.) Pursuant te		
the record speci cord is filed.	fies a delayed	effective date, b	ut not an effe	ctive time.	, at 12:01 a.	m. on the ear	ier of: (b)	The 90th day	after th	ie
Dated	SEP	TEMBER 9	. 2020		in I m					
		Signatur	of a member	or authorize	ed representa	tive of a memb	er		_	

THE PARTY