LZO 000095710

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(Business Entity Name)
(Document Number)
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TO: Registration Section Division of Corporations

LOAN RELIEF LLC Name of Limited Liability Company SUBJECT: AU

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

EAND TO L GOMES at (954) 263-3943 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) \$60.00 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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF		
AUTS LOAN RELI (Name of the Limited Liability Compa (A Florida Limited I	EF LLC ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $L2000095710$	were filed on 04/02/2026 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u> <u>UNIVERSAL</u> <u>EPOXY</u> <u>SUBSTRATE</u> <u>Sy</u> The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	27/1 NE 8th AVE JU B POMPANO BEACH, FEG 39064	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	27/1 NE 8th AVER = 0 POMPANO BEACH, EU, 23069	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registered</u>	

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida
	Cinv	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 mending Authorized Person(s) authorized to manage. enter the title, name, and address of each person being added or removed from our records:

MGR = Manager ANBR = Authorized Member

<u>Tite</u>	Name	Address	Type of Action
			⊐Add
			🗆 Remove
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D.	If amending any other information.	enter change(s) here:	(Attach additional	sheets_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 08/04/	2020
Signature of at	member or authorized representative of a member
LEANDR	DLGSMES Typed or printed name of signee