

L2000097157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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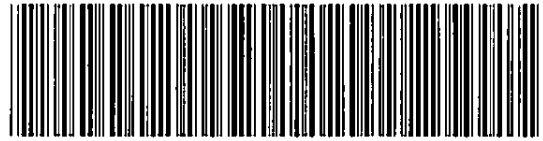
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

R. HUNT

06/19/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIVERSAL FINANCING 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:

ROMAN A. MOLLEDA BERGARA

Name of Person

UNIVERSAL FINANCING LLC

Firm/Company

4559 COVE DR SUITE 102

Address

ORLANDO, FL. 32812

City/State and Zip Code

ROMANMOLLEDA80@GMAIL.COM

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

For further information concerning this matter, please call:

ROMAN A. MOLLEDA BERGARA

at (407) 271-5252

Name of Person

Area Code

Daytime Telephone Number

STATE OF FLORIDA
TALLAHASSEE, FL

MAR 19 PM 5:32

10

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

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**

RUNNING DELIVERY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/19/2020 and assigned
Florida document number 120000171375.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

UNIVERSAL FINANCING LLC

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)

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

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>	<u>Type of Action</u>
AMBR	MOLLEDA BERGARA, ROMAN	4559 COVE DR	<input type="checkbox"/> Add
		SUITE 102	<input type="checkbox"/> Remove
		ORLANDO, FL. 32812	<input checked="" type="checkbox"/> Change
AMBR	AZUAJE RIVAS, KARLA A.	3711 W 860 N	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		LEHI, UT. 84043	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

ALLAHASSEE, FL
JAN 19 PM 5:32
STATE

2001-07-19 PM 5:32
HALL OF STATE
TALLAHASSEE, FL

2004 JUL 19 PM 5:32
TALLAHASSEE, FL
FLORIDA STATE
UNIVERSITY

(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)

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 JUNE 13TH 2024

Tomson Mollod

Signature of a member or authorized representative of a member

ROMAN A. MOLLEDA BERGARA

Typed or printed name of signee

Filing Fee: \$25.00