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(Requestor's Name)
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,
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PICK-UP WAIT MAIL
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	cr: <u>Universa</u>	Il Restoration Specialist	LLC	
		Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	_	
			YORNOY CARRASCO	
			Name of Person	
		Univers	sal Restoration Specialist, I	LLC
			Firm/Company	
		247	24 Southwest 110TH Avenue	
			Address	
			Homestead, FL 33032	
		<u> </u>	City/State and Zip Code	
		E mail address: (carrascuba@gmail.com to be used for future annual report notil	Togetion)
Day 6 met	an information o		·	neationy
ror turu	ner information of	oncerning this matter, please or	aii:	
	YORNOY CAP		at (<u>786</u>) <u>857-1652</u>	
	Name of	f Person	Area Code Daytime	e Telephone Number
t*	4 :bl. 6t	en Callanda e amanata		
		ne following amount:		FI 400 00 PW 10
₩ \$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 Addres	<u>s:</u>	Street Address:	
	Registration S	Section	Registration Sec	
	Division of C	orporations	Division of Cor	porations

P.O. Box 6327

TO:

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Universal R	estoration Specialist, LLC	,	
(Name of the Limited L (A F	iability Company as it now appears lorida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabil	ity Company were filed on	04/19/2021	and assigned
Florida document number <u>L21000179563</u>	·		
This amendment is submitted to amend the following	ាខ្លៈ		
A. If amending name, enter the new name of the	e limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the do	signation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	<u> </u>	
			·····
B. If amending the registered agent and/or regis agent and/or the new registered office address he		cords, <u>enter the nai</u>	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	ida 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		Address 21 AUG 30 PH 12: 13 700 Type of Act		
Title	Name	Address 21 AUG 30 PH 12: 13	Type of Action	
MGR	YORNOY CARRASCO	24724 Southwest 110TH Avenue	□ Add	
		Homestead, FL 33032	□Remove	
			⊠Change	
			□Add	
			□Remove	
			□Change	
			□ Add	
			□Change	
			□Add	
			□Remove	
			□Change	
			□Add	
			□Remove	
			□Change	
			□Add	
			□Remove	
			□Change	

Need to change title for Officer Yorno	
	21 AUG 30 PH 12: 13
	_
ffective date, if other than the date of filing:	(optional)
on affirming data is listed, the data must be executive and cannot	of be prior to date of filing or more than 90 days after filing.) Pursually 0.000,0207
lote: If the date inserted in this block does not meet the	he applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Department of State's	s records.
record specifies a delayed effective date, but not an ef	ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	,
2/2//2/	
Pated 7/26/21	<u></u> .
$\sim 1 /$	
/Ud	
Signature of a memb	er or authorized representative of a member
1.1	CORNOY CARRASCO
_ Y	ORNOY CARRASCO ed or printed name of signee

...

Filing Fee: \$25.00