

L21 000 179 618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

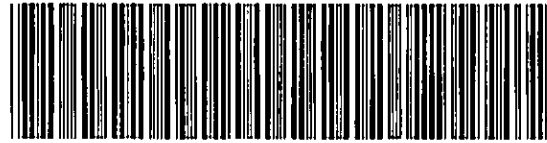
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[Signature]



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09/21/2022 11:11:08 AM

22 SEP 22 AM 11:08

STATE OF NEW YORK
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Universal Immigration Services USA 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:

Veronica Briceño

Name of Person

Universal Immigration Services USA LLC

Firm/Company

200 South Andrews Avenue, Suite 504

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

universalimmigrationservicesusa@gmail.com

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

For further information concerning this matter, please call:

Veronica Briceño

Name of Person

at (954) 544-9151

Area Code

Daytime Telephone Number

Payable 954 580-5071 (night)
To Florida Department of State

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)

☐ \$50.00 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

22 SEP 22 AM 11:08

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Universal Immigration Services USA 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 04/17/2021 and assigned Florida document number L21000179618.

This amendment is submitted to amend the following:

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

n/a

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

22 SEP 22 AM 11:08

STATE OF FLORIDA
DEPARTMENT OF REVENUE

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:

(Same) **Name of New Registered Agent:**

Veronica Briceño

(Changing) **New Registered Office Address:**

200 S. Andrews Avenue, Suite 504

Enter Florida street address

Fort Lauderdale

Florida

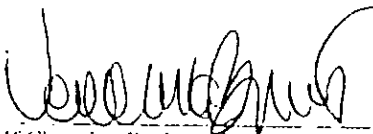
33301

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.

X 

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>
	Giovanni J. Velez Sanz Manager	200 S. Andrews Avenue Suite 504 Fort Lauderdale FL 33301	☒ Add
			☐ Remove
	Giovanni J. Velez Sanz Authorized Member	200 S. Andrews Avenue Suite 504 Fort Lauderdale FL 33301	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

22 SEP 22 AM 11:09
OFFICE OF THE
CLERK OF THE
COURT
CLERK OF THE
COURT

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

N/A

22 SEP 22 AM 11:09

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

E. Effective date, if other than the date of filing: date of Filing *(optional)*

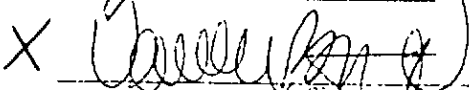
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

August 30th 2022

X 

Signature of a member or authorized representative of a member

Veronica Bracero

Typed or printed name of signer

UNIVERSAL IMMIGRATION SERVICES USA LLC

7950 NW 53RD STREET

SUITE 337

MIAMI FLORIDA 33166

1076

63-4530 FL

24110

09/02/2022

Date

Pay To The
Order Of

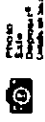
Florida Dept. of State

\$ 55.00

Fifty Five Dollars with 00/100 Cents

Dollars

BANK OF AMERICA



ACH R/T 063100277

For Amender At Incorporation

[Signature]

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UNIVERSAL IMMIGRATION SVCS LLC 0004
200 S Andrews Ave Ste 504
Fort Lauderdale FL 33301-2066

SHIP TO: REGISTRATION SECTION
Division of Corporations
2415 N Monroe St Ste 810
Tallahassee FL 32303-4112

USPS TRACKING #



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