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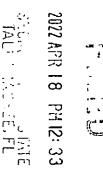
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COVER LETTER

Div	ision of Corpo	orations			
SUB IFOT:	UNIVERSAL	. ALLIANCE PROVER LLC			
SUBJECT.		Name of Limi	ted Liability Company	<u> </u>	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspond	dence concerning this matter	to the following:		
		ZOHRAB MAMMADOV			
			Name of Person		
		UNIVERSAL ALLIANCE	PROVER LLC		
			Firm/Company	 	
		1722 SHERIDAN ST 209			
			Address		
		HOLLYWOOD, FL 33020)		
			City/State and Zip Code		
		E-mail address: (to be used for future annual re	port notification)	
For further i	nformation cor	ncerning this matter, please ca	all:		
			at ()		
	Name of I	Person	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 enclo	sed) (60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)

Mailing Address:

Registration Section

TO:

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

UNIVERSAL ALLIANCE PROVER LLC		2022 APR 18 PM 12: 33
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our r mited Liability Company)	ceurus.)
The Articles of Organization for this Limited Liability Com		TALEA of FI and assigned
lorida document number 1.21000258845		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
miversal alliance Movers LLC		
he new name must be distinguishable and contain the words "Limited	I 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 ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered o	ffice address on our records, g	enter the name of the new registere
ent 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

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and of the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability any has been notified in writing of this change.

and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			Remove
			□Change
			□Add
			□Remove
			□Change
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ective date, if other the neffective date is listed, the term of the date inserted in cument's effective date of the date of t	date must be specific in this block does no	and cannot be prior to of meet the applicab	date of filing or more the	(optional) an 90 days after filing.) uirements, this date v	Pursuant to 605.020 vill not be listed as
ecord specifies a delayed is filed.	effective date, but	not an effective tim	e, at 12:01 a.m. on th	e earlier of: (b) The	90th day after the
12 April	Λ	2022			
ted	<i></i>	-· <i>/-/</i>	- ·		
	11-				
	Signature 9	member or authori	zed representative of a	member	
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ZOHRAB MAI	/				