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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

9/09/21

NAME: UNIVERSAL RETAIL C. LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

TO
ARTICLES OF ON ANIZATION
OF

| UNIVERSAL RETAIL C, LLC | |
|---|---|
| (<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C | ow appears on our records.) Company) |
| The Articles of Organization for this Limited Liability Company were fil Florida document number L21000363017 | ed on AUGUST 12, 2021 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability con | <u>npany here</u> : |
| The new name must be distinguishable and contain the words "Limited Liability Comp | ∑> C) |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | 1 5000 |
| | <u> </u> |
| Enter new mailing address, if applicable: | 15 / Comp |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered office address agent and/or the new registered office address here: | on our records, enter the name of the new registo |
| 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member



| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Actio |
|--------------|--------------------------|--------------------------------|--|
| MGR | DESTINATION SHOPPES, LP. | 23190 FASHION DRIVE, SUITE 202 | = Add |
| | | ESTERO, FL 33928 | □Remove |
| | | | □Change |
| MGR | SRE HOLDINGS, LLC | 11770 US HIGHWAY 1, SUITE E603 | = Add |
| | | PALM BEACH GARDENS, FL 33408 | □Remove |
| | | ्र |) == |
| MGR | JOSEPH T. SIMON | 11770 US HIGHWAY 1. SUITE E603 | □ Add= |
| | | PALM BEACH GARDENS, FL 33408 | Q ; ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
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| MGR | CARY ROSEN | 11770 US HIGHWAY 1, SUITE E603 | □Add |
| | | PALM BEACH GARDENS, FL 33408 | = Remove |
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| rective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 more | days after filing.) Pursuant to 605.0 |
| n effective date is listed, the date must be specific and cannot be prior to date of fining of items and re- ite: If the date inserted in this block does not meet the applicable statutory filing requirer cument's effective date on the Department of State's records. | nents, this date with hot be have |
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| ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear is filed. | tier of: (b) The 90th day after |
| SEPTEMBER 8 2021 | |
| ted | |
| Signature of a member or authorized representative of a mem | |

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