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T. MATTHEWS FEB -1 2022

COVER LETTER

TO: Registration Section Division of Corp			
SUBJECT: UNIX	vensul Invotinen	ts 22C	
SUBJECT	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter (to the following:	
	Alex AND	Name of Person	
	Olologua	Ul Investments LLC Firm/Company	
	4350 NW 30+n St	reet Unit 135	
	(olow) (reck, FL	33 UG City/State and Zip Code Q qmail com o be used for future annual report notificatio	
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notification	n)
For further information co	ncerning this matter, please ca		
Alexandria Jun.	J	ar (786) 260 8846	
Name of		Area Code Daytime Tele	phone Number
Enclosed is a check for the	e following amount:		
☑\$25.00 Filing Fee	S30.00 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 Address	<u>:</u>	Street Address:	
Registration So	ection	Registration Section	
Division of Co P.O. Box 6327	-	Division of Corpora The Centre of Tallah	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNIVERSUUL INVESTMENTS LL	6		FF 11 3: 20
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appo iability Company	ears on our records.) /)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2100 0 466 438</u> .	were filed on _	10/27/2001	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company	<u>here</u> :	
		<u>.</u>	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	e 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)			
			<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our	records, enter the	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter P	Torida street address	
		, Floric	da
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance provided for in	of my duties, and l i Chapter 605, F.S	l am familiar with and S. Or, if this document is

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>	Address	Type of Action
AMBR	Infinite Couldess 937	4350 NW 30th Street Unit 135 COCONUTCIECK FL 330CE	□Add
			Cemove
			ElChange
<u>min</u>	Alexandra John	4350 NW 30th Street Unit135 Colonitiree & FC,73066	Add
			□Remove
			□Change
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If an effe Note: I	date, if other than the date of filing:
e record rd is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Son 20 2039.
-	
-	Illhul I
-	Signature of a member or authorized representative of a member