## 122000124859

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
JUN 2 4 2022
A. LUNT

Office Use Only



100386995091

98/98/12 - 01020 - **-**020 - **4**-20.00

Division of Corporations P.O. Box 6327
Tallahassee, FL 32313

REF.: Universal Esters Americas LLC Document Number: L22000124859

Please find attached the form requesting to amend the articles of organization of Universal Esters LLC.

Thank you in advance.

With regards,

Carlos E. Llovet

Telephone Number: (954) 261-4585

Return Address: 12191 Royal Palm Blvd.

Coral Springs, FL 33065

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNIVERSAL ESTERS AMERICAS, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C		and assigned
Florida document number L22000124859	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter th</u>	ne name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	Citv	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	NXPIRE LLC	10890 Diego Dr. Boca Raton, FL 33498	□ Add
			≣Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
			Remove
		<del></del>	Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<del></del>	□ Add
			□Remove
			□Change

100% of Carlos E. Llovet							
			<del></del>			<del>-</del>	<del></del>
	<del></del>						
				. <u> </u>			
						<del></del>	
		<del></del>			<del></del>		<del></del>
						·	
	·						
		<del> </del>		<del></del>			
						<del>-</del>	
						<del></del> – –	
							•
<del></del>							
						<del></del> -	
ective date, if other than the effective date is listed, the date muster. If the date inserted in this blument's effective date on the D	be specific an ock does not a	d cannot be pri meet the app	or to date of fil licable statute	ing or more than ry filing requi	(optio 90 days after t rements, this	iling.) Pursuant	. to 605.026 be listed a
cord specifies a delayed effectiv s filed.	date, but no	t an effective	e time, at 12:0	l a.m. on the	earlier of: (b)	The 90th da	y after th
April 21st		2022					
		•	·				

Filing Fee: \$25.00