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(Bu	isiness Entity Name)
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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2022 JUN -7 AM 10: 4:

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: <u>K</u> .	Allen Universa Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	
	K. Allen	Firm/Company	<u>C</u>
	3118 NE	12th Street Address	
	Gainesuille Kallenuni,	FL 32609 City/Slate and Zip Code persal Ag mail. com to be used for fature annual report notif	ication)
For further information	concerning this matter, please c		,
K euw Name	of Person	at (<u>352</u>) <u>346 - (</u> Area Code Daytime	D235 Telephone Number
Enclosed is a check for t	the following amount:		
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	ss:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

FILED

K. Allen i	Universal LL	2072 JUN -7 AM 10: 49
(Name of the Limited L (A F	iability Company as it now appears on forida Limited Liability Company)	OUR TECOPORT TALLAHASSES TATE
The Articles of Organization for this Limited Liabil	ity Company were filed on	129127 and assigned
This amendment is submitted to amend the following	ā:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
The Articles of Organization for this Limited Liability Company were filed on		
	 .	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	9	
		ds. enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet 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 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 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>	Name	Address	Type of Action
ASMGR	Kenar, Allen	3118 NE Dn 5+	□Add
		3118 NE Da St Gainesville FL, 32609	D.Remove
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ffective date if	other than the	date of filing			(optional)		
an effective date is	listed, the date must	the specific and	cannot be prior		more than 90 day:	s after filing.) P		
	ive date on the De				nng requirement	s, this date w	III HOV DE TISIC	u as
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ote: If the date ocument's effect record specifies		<u> </u>	2027	-				
ote: If the date ocument's effect record specifies a lis filed.	Jaa	Signature of a r	A CONTRACTOR OF THE PARTY OF TH	orized representat	ive of a member			