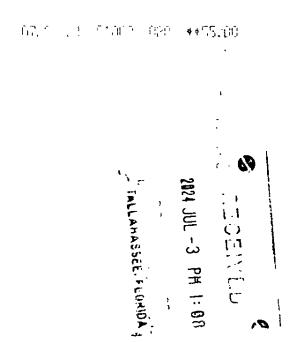
L23000207456

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COVER LETTER

TO:

Registration Section

Division of C	Corporations				
	OUSEFLIPS LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
	ERIKA CARABALLO				
		Name of Person			
	UNIVERSAL 7 SERVICE	ES LLC			
		Firm/Company			
	2130 W 68TH ST				
		Address	······································		
	HIALEAH FL 33016				
		City/State and Zip Code			
	ADMIN@UNIVERSAL7S				
		to be used for future annual report not	ification)		
For further information	n concerning this matter, please c	all:			
ERIKA CARABALL	O	786 343-5089 at ()			
Nam	e of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check fo	r the following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 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: Registration Section		Street Address: Registration Section			
Division of P.O. Box 6	Corporations	Division of Corporations The Centre of Tallahassee			
	e, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P&M HOUSEFLIPS LLC				
(Name of the Limited	Liability Compa V Florida Limited	ny as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Lia Florida document number L23000207456	hility Company	were filed on 4/26/	2023	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company here	:	
P&M IMPORTERS AND TRADING LLC				
he new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		9939 NW 89 AVE	UNIT 4	
(Principal office address MUST BE A STREET ADDRESS)		MEDLEY FL 331	78	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9939 NW 89 AVE MEDLEY FL 331		
3. If amending the registered agent and/or regent and/or the new registered office address	-		ords, enter the name	of the new register
Name of New Registered Agent:	ANGELETIEDRATITA			
New Registered Office Address:	9939 NW 89 AVF. UNIT 4			i
		Enter Florida	street address	
	MEDLEY		, Florida	78
		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.

Argel E Pie drahita

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ANGEL E PIEDRAHITA	9939 NW 89 AVE UNIT 4	
		MEDLEY, FL 33178	□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
		·	Change
			□Remove · ·
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n effective te: If the	e date is listed, the date e date inserted in the effective date on the	e must be specific is block does n	c and cannot be protot meet the app	rior to date of filing blicable statutory		days after filing.)	
	cifies a delayed effe	ective date, but	not an effectiv	e time, at 12:01 a	a.m. on the ear	ier of: (b) The	90th day after the
s filed.	4		2021	1			
	July 02	<u> </u>	_,	<u>'</u>	1		
is filed. ted	July 02	Ans Signature	e E of a member or a	iedrahi	tative of a memb	er	