

L23000286899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

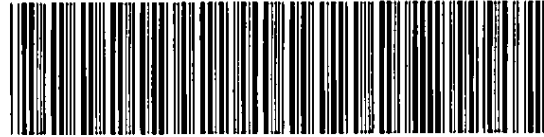
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2023 JUN 22 AM 9:26

01:20

RECEIVED
2023 JUN 22 PM 6:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 23 2023

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from account: 120210000160: 60.00

Authorization Signature: 

SFI UNIVERSAL LLC L23000286899

Business

DOC#

☒ Certified Copy

☒ Certificate of Status

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☐ Officer/Director
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **LLLP**

AMENDMENTS

☒ Amendment
☐ Resignation of R.A. or member
☐ Dissolution
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ **Conversion**
☐ **Amended and restated Articles**
☐ **Statement of Correction**

OTHER FILINGS

☐ **Trademark**
☐ Annual Report
☐ Fictitious Name
☐ APOSTILLE

COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SFI Universal LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Fulga

Name of Person

SFI Universal LLC

Firm/Company

21900 Old Santa Cruz Hwy

Address

Los Gatos, CA 95033

City/State and Zip Code

atlantisaccounting@ioxxi.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

daniel fulga

408

507-2733

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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**

SFI Universal LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/13/23 and assigned
Florida document number 123000286899

This amendment is submitted to amend the following:

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 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

add the IRS obtained EIN 93-1864286 number to the file - attached

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 22, 2023



Digitally signed by daniel fulga
DN: cn=daniel fulga, o=ioooi,
ou=email=daniel@ioooi.org,
c=US
Date: 2023.06.22 17:01:15
+0700

Signature of a member or authorized representative of a member

AMBR

Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L23000286899
FILED 8:00 AM
June 13, 2023
Sec. Of State
jafason**

Article I

The name of the Limited Liability Company is:

SFI UNIVERSAL LLC

Article II

The street address of the principal office of the Limited Liability Company is:

25 VIA ROMA
PALM COAST, FL. US 32137

The mailing address of the Limited Liability Company is:

25 VIA ROMA
PALM COAST, FL. US 32137

Article III

The name and Florida street address of the registered agent is:

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL. 32202

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: CHEYENNE MOSELEY, US CORP. AGENTS

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR
DANIEL FULGA
25 VIA ROMA
PALM COAST, FL. 32137 US

Title: AMBR
MICHAEL PUZZOL
25 VIA ROMA
PALM COAST, FL. 32137 US

Title: AMBR
JAMES S VAN WURTEMBERG
25 VIA ROMA
PALM COAST, FL. 32137 US

Title: AMBR
DANIEL V WARK
25 VIA ROMA
PALM COAST, FL. 32137 US

L23000286899
FILED 8:00 AM
June 13, 2023
Sec. Of State
jafason

Signature of member or an authorized representative

Electronic Signature: CHEYENNE MOSELEY, LEGALZOOM.COM, INC.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

In reply refer to: 0153829671
Jun 14, 2023 LTR 147C
93-1864286

SFI UNIVERSAL LLC
DANIEL FULGA MBR
25 VIA ROMA
PALM COAST FL 32137

Taxpayer Identification Number: 93-1864286

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of June 14th, 2023.

Your Employer Identification Number (EIN) is 93-1864286. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Miss Petrovic
1004707608
Customer Service Representative