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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068 : (407)326-8484

Fax Number : (407)604-6519

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: contact@medeirossouza.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNIVERSAL PROPERTIES ENTERPRISE LLC

| Certificate of Status | 1       |
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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

To:

TO:

## **COVER LETTER**

| Division of Corporations                      |                     |  |   |   |  |
|---|---------------------|--|---|---|--|
| U)  | NIVERSA             | L PROPERTIES ENTERPRI                      | SE LLC  |   |  |
| SUBJECT: Name of Limited Liability Company    |                     |  |   |   |  |
|   |                     |  |   |   |  |
| The enclosed Ar                               | rticles of A        | mendment and fee(s) are sub                | mitted for filing.                            |   |  |
| Please return all                             | correspon           | dence concerning this matter               | to the following:                             |   |  |
|   |                     | Rubem Souza                                |   |   |  |
|   |                     |  | Name of Person                                |   |  |
|   | Medeiros Souza corp |  |   |   |  |
|   | Firm/Company        |  |   |   |  |
|   |                     | 1711 Amazing Way, Stc 2                    | 13  |   |  |
|   |                     |  | Address                                       |   |  |
|   |                     | Ocoee, FL 34761                            |   |   |  |
|   |                     |  | City/State and Zip Code                       |   |  |
|   |                     | contact@medeirossouza.com                  | n<br>to be used for future annual report      | notification  |  |
| For further infor                             | mation cor          | ncerning this matter, please co            |   | nonneadon)  |  |
| Rubem Souza                                   |                     |  | 407 326 - 84                                  | 84  |  |
| Name of Person                                |                     | at () 326 - 84<br>Area Code Da             | ytime Telephone Number                        |   |  |
| Customed is a sh                              | aale Coasba         | Callandian amazont                         |   |   |  |
|   |                     | following amount:                          | F 655 00 FW P 0                               | (7) C(0 00 E); F  |  |
| □ \$25.00 Filin                               | ig Fee              | \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed)  | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |
|   | r Address:          |  | Street Address                                |   |  |
| Registration Section Division of Corporations |                     | _  | Registration Section Division of Corporations |   |  |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Τo.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 SEP 23 PM 4: 16

| UNIVERSAL PROPERTIES ENT   | ERPRISE LLC  | SECRE                           | TARY OF STATE  |
|--|--|---------------------------------|--|
| (Name of the Lim   | ted Liability Company as it no<br>(A Florida Limited Liability C | ow appears on our records.)     | (1) <b>(1) (1)</b> (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| The Articles of Organization for this Limited L. Florida document number <u>L23000301132</u> | iability Company were file                                       | ed on <u>06/22/2023</u>         | and assigned   |
| This amendment is submitted to amend the following   | lowing:  |                                 |  |
| A. If amending name, enter the new name of   | of the limited liability con                                     | apany here:                     |  |
| The new name must be distinguishable and contain the   | words "Limited Liability Compa                                   | any," the designation "LLC" o   | or the abbreviation "L.L.C."                               |
| Enter new principal offices address, if applie   | cable:   |                                 |  |
| (Principal office address MUST BE A STREE  | ET ADDRESS)  |                                 |  |
|  |  |                                 |  |
| Enter new mailing address, if applicable:  |  |                                 |  |
| (Mailing address MAY BE A POST OFFICE  | <u>BOX)</u>  |                                 | - 11 - 1 - 22 - 1 - 1 - 1 - 1 - 1 - 1 -                    |
| B. If amending the registered agent and/or agent and/or the new registered office addre      |  | on our records, <u>enter th</u> | e name of the new registered                               |
| Name of New Registered Agent:  | MEDEIROS SOUZA CORP  |                                 |  |
| New Registered Office Address:   | 1711 Amazing Way, Ste  |                                 |  |
|  | Enter Florida street address                                     |                                 |  |
|  | Ocoee  | , Flori                         | da <u>34761</u>  |
|  | Cin-   |                                 | 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.

Page: 6 of 7

2025-09-23 14:51:01 GMT

14076046519

From: RUBEM SOUZA

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

To:

| <u>Title</u> | Name                    | Address                  | Type of Action |
|--------------|-------------------------|--------------------------|----------------|
| MGR          | Nicole De Pinho Pereira | 1711 AMAZING WAY STE 213 | <b>≣</b> Add   |
|              |                         | OCOEE, FL 34761          | □Remove        |
|              |                         |                          | □Change        |
| <del></del>  |                         | <del></del>              | □ Add          |
|              |                         |                          | □Remove        |
|              |                         |                          | □Change        |
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|              |                         |                          | □Remove        |
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|              |                         |                          | □Change        |

To:

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee

Rubem Souza