

L24 000020556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

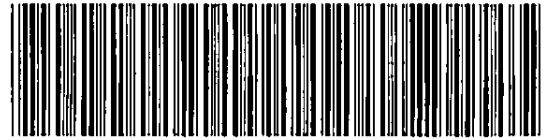
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500425689935

03/18/24--01018--028 **25.00

03/26/24
KCH

FILED
2024 MAR 18 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVERSIONES UNIVERSAL 2H 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:

Hector Suarez

Name of Person

Firm/Company

577 DEITONA BLVD SUITE 15-189

Address

DEITONA, FL 32725

City/State and Zip Code

inversionesuniversal2h@gmail.com

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

For further information concerning this matter, please call:

Hector Suarez

Name of Person

at (386) 315-7637

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

2024 MAR 18 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

INVERSIONES universal 2H. LLC

If Changing Registered Agent, Signature of New Registered Agent

2024 MAR 18 AM 8:27
STATE
TALLAHASSEE, FL

ה
ה
ה
ה

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>	<u>Type of Action</u>
AMBR	Luz D. Alvarez	577 Deltona Blvd #15-189	<input type="checkbox"/> Add
		DeLTONA, FL 32725	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRIAN H Suarez	577 Deltona Blvd #15-189	<input type="checkbox"/> Add
		DELTONA, FL 32725	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 MAR 18 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

please remove this members.

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

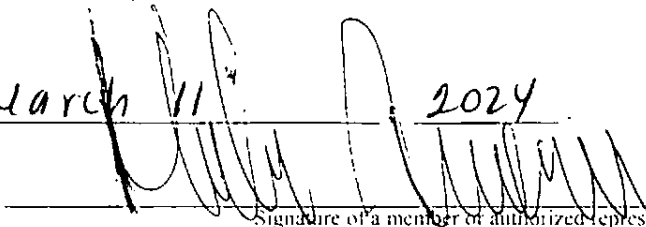
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

March 11, 2024



Signature of a member or authorized representative of a member

Hector H Suarez

Typed or printed name of signee

FILED
2024 MAR 18 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FL