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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			,		
STAFFING SUBJECT:	UNIVERSE US LLC				
SOBJEC 1.	Name of Limi	ted Liability Company			
	Amendment and fee(s) are sub-				
Please return all correspo	ndence concerning this matter	to the following:			
	John Laster				
		Name of Person	_		
	Laster Law, PLLC				
		Firm/Company	•		
	56 E Pine Street Suite 200				
		Address			E S
	Orlando, FL 32801				ECRETALY OF ST TALLAHASSEE,
		City/State and Zip Code			AH
	john@johnlasterlaw.com	to be used for future annual	support portificantia	· · · · · ·	283 0 7
For further information c	oncerning this matter, please ca		report notification	511)	
John Laster			3-3745		J. A.
	f Person	at () Area Code		ephone Number	_
.vanc o	77 613.44	Titel Code	buyime ren	cymane , vanive	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing F Certificate of Certified Copy radditional copy is	Status & 7
Mailing Addres		Street A			
Registration 9 Division of C		_	ration Section on of Corpora		
P.O. Box 632			entre of Talla		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

2025 MAY 19 AM 10: 05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STAFFING UNIVERSE US LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) inted Liability Company)	
The Articles of Organization for this Limited Liability Complete Florida document number <u>L24000483908</u>	pany were filed on 11/15/2024	and assigned
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" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	<i>U</i> ; ∼
		TC 23
Enter new mailing address, if applicable:		HAY IS
(Mailing address MAY BE A POST OFFICE BOX)		TSS C
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the</u>	P D Sistere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	da
	Circ	Zin Cada

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Amit Yaari	3100 NE 210TH TERR	
		MIAMI, FL 33180	□Remove
		AMBR	■ Change
MGR Eric Shimon	Eric Shimon	401 SW FIRST AVE	
		FORT LAUDERDALE, FL 33301	
	<u></u>		SIRS MAY 19 AM 10: Q5 ECRIAN ANY Remove TALLAHASSEE, FL
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					SECRETAINY OF STATE TALLAHASSEE, FL
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Effective date, if other than the fan effective date is listed, the date man Note: If the date inserted in this document's effective date on the	block does not mee	t the applicable.	te of filing or more th statutory filing req	an 90 days after filing.) uirements, this date v	Pursuant to 605.020 will not be listed a
record specifies a delayed effect d is filed.	ive date, but not an	effective time, ;	at 12:01 a.m. on th	e carlier of: (b) The	90th day after the
Dated May 8	ž	2025			
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	/ // //				

Filing Fee: \$25.00

Typed or printed name of signee