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(City	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Universal Property Management & Consultants
DOCUMENT NUMBER: P \$4\$\$\$92296
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Morta Bascoy Name of Contact Person
Universal Prop Maragement Firm/ Company
5190 NW 167th Street #104 Address
Higher Florida 33014 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marta Basca, at (305.) 949-0006
Name of Contact Person at (305.) 949 - 6000 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations Division of Corporations

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

* Change OF physical address change e anonge of Agert address.

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Universal Property Manager	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P0400009	2294
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	5190 NW 167th Street
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Soite # 104
	Hialean, FI 33014
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5190 NW 167th Street
	_ SUITE # 10H
	Hialean, FL 33014
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent Marty Ba	ascog
SIGO WWO (Florida stre	16 HM Street #104 et address)
New Registered Office Address: Hialeah (City)	, Florida 33014 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Registered A	Mucel & =

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	ones .		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change Add Remove		_			
2) Change Add Remove		_			
3) Change Add Remove				<u>.</u>	
4) Change Add Remove					
5) Change Add Remove		_			
6) Change Add Remove	<u></u>				

If amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)
•	
If an amendment provides for an exchiprovisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
	·
	

The date of each amendment(s) adoption: 7-1-30/2	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
. The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s).	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	holder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ег
Dated	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other	peen court
appointed fiduciary by that fiduciary) MARTA BASCO	04
(Typed or printed name of person signing)	
(Title of person signing)	