## P09000010190

(Re	equestor's Name)	
· (Ad	ldress)	
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. (Cit	ty/State/Zip/Phone	· #)
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CRETARY OF STATE

Amend Ca and 10/14/09



October 2, 2009

JOSE A. PEREZ JOSE A. PEREZ, C.P.A. 329 E. 9TH STREET, SUITE #201 HIALEAH, FL 33010

SUBJECT: UNIVERSAL GROUP OF SOUTH FLORIDA, INC.

Ref. Number: P09000070190

We have received your document for UNIVERSAL GROUP OF SOUTH FLORIDA, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Letter Number: 109A00032007

Thelma Lewis
Document Specialist Supervisor

## Articles of Amendment to **Articles of Incorporation** of

## UNIVERSAL GROUP OF SOUTH FLORIDA, INC.

(Name of Corporation as curr	ently filed with the Florida L	ept. of State)
P09	9000070190	-
(Document Nur	nber of Corporation (if known	)
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this <i>Flori</i>	da Profit Corporation adopts the foll
A. If amending name, enter the new name o	of the corporation:	
		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc,"	or "Co". A professional corporation
B. <u>Enter new principal office address, if app</u> (Principal office address <u>MUST BE A STREE</u>		
	<del></del>	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
D. If amending the registered agent and/or new registered agent and/or the new regi		lorida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street add	ress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changi	ing Registered Agent:	
I hereby accept the appointment as registered a		accept the obligations of the position.
<del>- ,</del>	Signature of New Registered A	gent if changing

## 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>VP</u>	JUAN A. RODRIGUEZ	329 E 9th ST., SUITE #201 HIALEAH, FL 33010	□ Add ☑ Remove
	· · · · · · · · · · · · · · · · · · ·		
	ding or adding additional Articles, end ditional sheets, if necessary). (Be sp		
		<del> </del>	
provisi	mendment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A)		
			······································

The date of each amendmen	t(s) adoption: SEPTEMBER 24, 2009
Effective date <u>if applicable</u> :	(date of adoption is required) SEPTEMBER 24, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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	(voting group)
•	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder .
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Signature	PTEMBER 24, 2009
(B <sub>y</sub>	a director, president or other officer / if directors or officers have not been
	ected, by an incorporator—if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	SANTIAGO MARIN
	(Typed or printed name of person signing)
	( ) [ [
	PRESIDENT
	(Title of person signing)