P13000011957

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SECRETARY OF STATE
ANALYSEE FLORE

FEB 13 PEB

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Universa DOCUMENT NUMBER: P130000		ervices, Inc	
The enclosed Articles of Amendment and fee are su		·-	
Please return all correspondence concerning this ma	-		
Lourdes Med Universal Tra 1250 E Hallan Hallandale,	Name of Contact Persons 1. Sport Serving Firm/Company 1. dale Bch Bl Address	ces, Inc	
123 corporate & G E-mail address: (to be us	mail. Com sed for future annual report		
Lourdes Mederos	at (954) 456 1233	
Name of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made [payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address	Street Address		
Amendment Section	Amendment Section		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State)	
P13000011957	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amerits Articles of Incorporation:	ndment(s) to
A. If amending name, enter the new name of the corporation:	
The	new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevi "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If any district the spirit and description of the spirit and th	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent Larry West 1000 Boh Blvd # 602 (Florida street address)	
New Registered Office Address: Hallandale, Florida 33009 (Zip Code)	•
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with find accept the obligations of the position.	Please LDate
Signature of New Registered Agent, 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)

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>P</u>	mark Klein	1250 E Hallandale Boh Blva
Add Remove	\circ		#602 Hallandale Fi 33009
2) Change	<u>L</u>	Larry Webman	1250 E Hallandale Bch Blvd # 602
Remove			Hallandale, Fr. 33009
3) Change			
Add			
4) Change			
Add			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional si	heets, if necessary).	. (Be specific)			
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				.±m.	
			•		
n amendment p	orovides for an exc	hange, reclassi	fication, or cane	ellation of issued	<u>l shares.</u>
ovisions for imp	plementing the am	endment if not	contained in the	amendment itse	elf:
(і) поі аррііса	ible, indicate N/A)				
				<u></u>	

The date of each amendment(s) adoption: $05 15$
Effective date <u>if applicable</u> : (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(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must 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" (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (By a director, president of other officer—if directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Larry Webman (Pyped or printed name of person signing) President (Title of person signing)