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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: UNIV

NAME OF CORPOR	RATION: UNIVERSAL SCI	RAP MOTORS INC.		
	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Keith D. Silverstien			
		Name of Contact Persor	1	
	Keith D Silverstein, P.A.			
	Firm/ Company			
	1111 Brickell Avenue, Suite	1550		
	Address			
	Miami, FL 33131			
		City/ State and Zip Code	2	
	keith@silversteinpa.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
Keith D Silverstein		at (868-0200	
Name of Contact Person Area Code & Daytime Telephone		de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43,75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

HNIVERS.	AL SCR	APMOT	ORS INC.

(<u>Name</u>	of Corporation as curre	ntly filed with the Flori	<u>da Dept. of State</u>)		
P13000015241					
	(Document Numbe	r of Corporation (if know	vn)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	sis Florida Profit Corpor	cation adopts the foll	owing amendme	ent(s) to
A. If amending name, enter the new n	ame of the corporation:				
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "chartered," "professional association,"	Corp, " "Inc, " or "Co".	A professional corpor	orated" or the abbre ration name must co	Thenew viation "Corp.," ontain the word	•
B. Enter new principal office address.					
(Principal office address <u>MUST BE A S</u>	IREET ADDRESS)			<u>\$</u>	11
				- '-0	27.4
C - Enter new mailing address if anni	icable:			· · · · · · · · · · · · · · · · · · ·	1.7
	C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
				<u>ئ</u>	ì
				_	
D. If amending the registered agent an new registered agent and/or the new			the name of the		
Name of New Registered Agent	Angel Pena-Balmaceda				
nume by new neglinered rigen	3259 NW 28th Street	******			
	(Florida	street address)			
New Registered Office Address:	Miami		Florida	42	
		(City)		(Zip Code)	
New Registered Agent's Signature, if c			p e car		
I hereby accept the appointment as regist	ered agent, - Lam familia	ir with and accept the ob	ligations of the posit	ion.	
	. 0	\			
	Angeleun) P			
	Sig nature o j New	Registered Agent, if cha	inging		

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Maria Z Alvarez	3259 NW 28th Street
Add			Miami, FL 33142
X Remove			
2) Change	PD	Angel Pena-Balmaceda	3259 NW 28th Street
X Add			Miami, FL 33142
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary)	(Be specific)
Ά	
<u> </u>	
<u> </u>	
	**
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
A	
	
	<u> </u>

The date of each amendment(s) date this document was signed.	adoption:	if other than the
Effective date if applicable:		
	(no more than 90 days after amena	ment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filir Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors v	vithout shareholder action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes c sufficient for approval.	east for the amendment(s)
	pproved by the shareholders through voting groups or each voting group entitled to vote separately on	
"The number of votes ca	st for the amendment(s) was/were sufficient for ap	proval
by		
	(voting group)	
Dated		
Signature		
(By a select	director, president or other officer – if directors or ted, by an incorporator – if in the hands of a receive inted fiduciary by that fiduciary)	
	Maria Z. Alvarez	07/01/2021
	(Typed or printed name of person sig	ning)
	President	
	(Title of person signing)	