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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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R. WHITE. FEB 1 2 2019

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	cime Universal Really, una	
	2010.18.72	
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Prime 111 N Or	Name of Contact Person Universal Person Firm/ Company Address FL 32801 City/ State and Zip Code	
	PUREALTY. COM be used for future annual report notification)	
For further information concerning this matter, p	please call:	
Name of Contact Person	at (407) 488 3608 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:	
S35 Filing Fee S43.75 Filing Fee Certificate of Statu		
Mailing Address Amendment Section	Street Address Amendment Section	
Division of Cornorations	Division of Corporations	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

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	Universe Cartently file	1 collaps	FEBC-4. PH-U	:03
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P 17	000 10 18 7 2 cument Number of Cor		NELL FE	IATE
(Doc	:ument Number of Cor	poration (if knowd)		· L_
Pursuant to the provisions of section 607.1006, Floats Articles of Incorporation:	rida Statutes, this <i>Flor</i>	ida Profit Corporatie	on adopts the follo	wing amendment(s)
A. If amending name, enter the new name of the	corporation:			
				Thenew
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc." or "Co".	A professional con	corporated" or the poration name m	e abbreviation
B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>				
	_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX</u>)			
	_			
		****		· · · · · · · · · · · · · · · · · · ·
 If amending the registered agent and/or registered agent and/or the new registered. 		n Florida, enter the	name of the	
Name of New Registered Agent				<u> </u>
	(Florida street ad	ldress)		
New Registered Office Address:			Florida	
	(City	1		Zip Code)
New Registered Agent's Signature, if changing Reserved hereby accept the appointment as registered agent		ınd accept the obliga	itions of the position	on.
	gnature of New Regist	arad Agany if shows		

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> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	C <u>FO</u>	HIL DE STRUELENS	III N ORANGE AUE
Add			SUITE 800
Remove			ORLANDO, FL 32 801
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			•
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	
<u> </u>	
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If an amendment provides for an exch	pange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: date this document was signed.	02/01/2019	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does redocument's effective date on the Department of	not meet the applicable statutory filing requirements, t f State's records.	his date will not be listed as the
Adoption of Amendment(s) (CF	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amend approval.	ment(s)
	he shareholders through voting groups. The following s g group entitled to vote separately on the amendment(s	
	endment(s) was/were sufficient for approval	
by	oting group)	
(vo	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shar	eholder
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and sharehold	der
Dated 2 101 2	2019	
selected, by an inco	sident or other officer – if directors or officers have not corporator – if in the hands of a receiver, trustee, or other by that fiduciary)	
	(Typed or printed name of person signing)	
	Oizertion (Title of person signing)	