

7/2/2021

Division of Corporations

TAXED 7/2/21  
@ 10:01

# P19000068684

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : ALBER TAX ACCOUNTANT  
Account Number : I20150000098  
Phone : (305)713-9142  
Fax Number : (815)550-9948

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ACC. ALBER@Hotmail.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
UNIVERSITY CSTORE #3 INC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 05      |
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Help

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Articles of Amendment  
to  
Articles of Incorporation  
of

UNIVERSITY CSTORE #3 INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P1900006S684

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**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 abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the 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 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

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1) (c), F.S.

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CLERK OF THE COURT  
JUL 12 2021  
JUAN ALBER

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:

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

| Type of Action<br>(Check One)                 | Title     | Name                   | Address                     |
|-----------------------------------------------|-----------|------------------------|-----------------------------|
| 1) <input checked="" type="checkbox"/> Change | <u>P</u>  | <u>LEON, NIUBYS</u>    | <u>737 SW 109 AVE</u>       |
| <input type="checkbox"/> Add                  |           |                        | <u>SUITE 104</u>            |
| <input type="checkbox"/> Remove               |           |                        | <u>SWEETWATER, FL 33174</u> |
| 2) <input checked="" type="checkbox"/> Change | <u>VP</u> | <u>TOUZA, WILLIAMS</u> | <u>737 SW 109 AVE</u>       |
| <input type="checkbox"/> Add                  |           |                        | <u>SUITE 104</u>            |
| <input type="checkbox"/> Remove               |           |                        | <u>SWEETWATER, FL 33174</u> |
| 3) <input checked="" type="checkbox"/> Change | <u>D</u>  | <u>VERDE, BRIDGET</u>  | <u>737 SW 109 AVE</u>       |
| <input checked="" type="checkbox"/> Add       |           |                        | <u>SUITE 104</u>            |
| <input type="checkbox"/> Remove               |           |                        | <u>SWEETWATER, FL 33174</u> |
| 4) <input type="checkbox"/> Change            |           |                        |                             |
| <input type="checkbox"/> Add                  |           |                        |                             |
| <input type="checkbox"/> Remove               |           |                        |                             |
| 5) <input type="checkbox"/> Change            |           |                        |                             |
| <input type="checkbox"/> Add                  |           |                        |                             |
| <input type="checkbox"/> Remove               |           |                        |                             |
| 6) <input type="checkbox"/> Change            |           |                        |                             |
| <input type="checkbox"/> Add                  |           |                        |                             |
| <input type="checkbox"/> Remove               |           |                        |                             |

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

1. What is the main purpose of the document?  
 2. What are the key findings of the study?  
 3. What are the limitations of the study?  
 4. What are the implications of the study?  
 5. What are the conclusions of the study?  
 6. What are the recommendations of the study?  
 7. What are the future research directions?  
 8. What are the acknowledgments?  
 9. What are the references?  
 10. What are the appendices?

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  
(if not applicable, indicate N/A)

*[The following section contains faint, illegible horizontal lines.]*

07/02/2021

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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.

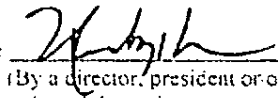
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)

Dated 07/02/2021 \_\_\_\_\_

Signature



(By a director, president or 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)

NIUBYS LEON

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA