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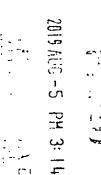
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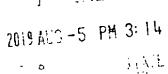
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: UNIVERSAL ASS	SISTANCE, IN	fC	
DOCUMENT NUMI	BER: P99000023080			·
	of Amendment and fee are su	bmitted for fili	ng.	
Please return all corre	spondence concerning this ma	tter to the follo	wing:	
	CAROLYN KAHL			
	-	Name of C	ontact Persor	1
	ROCA GONZALEZ P.A.			
		Firm/ (Company	
	3370 MARY STREET			
		Ad	dress	
	MIAMI, FL 33133			
		City/ State	and Zip Cod	e
CKA	HL@RGPA.COM			
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further information	n concerning this matter, pleas	se call:		
CAROLYN KAHL		at (305	859-6050
Name	of Contact Person		Area Co	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	☐\$43.75 Filing Fee & Certificate of Status	Certified (Additional enclosed)	Copy Il copy is	□\$52.50 Filing Fce Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Amend Division Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



UNIVERSAL ASSISTANCE, INC.

(Name of Corporation as currently	filed with the Florida Dept. of State)
P99000023080	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	'lorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
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 addresses new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
	City) , Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered 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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	Cornet De Ways-Ruart	1200 Brickell Ave.	_
Add			2nd Floor	
X Remove			Miami, FL 33131	
2) X Change	VP	Fernando Ezequiel Garcia Ruiz	1200 Brickell Ave.	
Add			2nd Floor	
Remove			Miami, FL 33131	
3) Change	P	Alfredo Fernandez	1200 Brickell Ave.	
X Add			2nd Floor	
Remove			Miami, FL 33131	_
4) Change		<u> </u>		_
Add				_
Remove				_
5) Change				
Add				_
Remove			***************************************	_
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Re specific)
· · · · · · · · · · · · · · · · · · ·	
	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(3 (10.04)	
· · · · · · · · · · · · · · · · · · ·	
	

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 wi document's effective date on the Department of State's records.	Il not be listed as the
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	
(voling group)	
(voting group)	1 1
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	1
action was not required. June 26, 2019 Signature	
(By a director, plesident or other officer - if directors or officers have not been	<u> </u>
selected, hylan incorporatole—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
ALFREDO FERNANDEZ	· ;
(Typed or printed name of person signing)	i i
PRESIDENT	1
(Title of person signing)	†-1 -