L130000 47245

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COVER LETTER

то:	Registration Sec Division of Corp					
SUBJE		United Credit Advisors, LLC				
SUDJE	C1:	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub-				
Please r	eturn all correspor	ndence concerning this matter	to the following:			
		Michael Pequeno				
		***************************************	Name of Person			
		United Credit Advisors, LI	LC			
			Firm/Company			
	. 2321 Hollywood Boulevard					
			Address	***************************************		
		Hollywood, Florida 33020		· 		
		ciara@moodyaccounting.co	City/State and Zip Code			
		-	to be used for future annual report notific	zation)		
For furt	her information co	ncerning this matter, please ca	all:			
Michae	l Pequeno		954 918-4020 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclose	d is a check for the	e following amount:				
□ \$ 25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

United Credit Advisors, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) Liability Company)	1 AM Miles
The Articles of Organization for this Limited Liability Company Florida document number L13000047245	y were filed on 03/30/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	1.200
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		77.30
		TES D
Enter new mailing address, if applicable:		SEA W
(Mailing address MAY BE A POST OFFICE BOX)		DE 30 A 8
B. If amending the registered agent and/or registered or registered office address here.		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
Management of the state of the	, Floric	
	City	Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Affinity Partners, Inc.	2269 S. University Drive, Ste 149	
		Davie, Florida 33324	■ Remove
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Tective date, if other than (an effective date is listed, the date	he date of filin	g:	CCL	(optional)	\$ B
ote: If the date inserted in this	s block does not r	neet the applicable	te of filing or more than statutory filing requi	ements, this date	will not be listed a
ocument's effective date on the	: Department of S	State's records.			
record specifies a delay The 90th day after the r			effective time, a	it 12:01 a.m.	on the earlier (
May 13		2016			
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					7705
	Signature of a	member or authorized	representative of a me	mber 🚊 👸	
Michael Pequeno	Signature of a	member or authorized	representative of a me	mber ラジ	

Filing Fee: \$25.00

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