

L14 0000 02204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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07/15/14--01017--015 **25.00

14 JUL 15 PM 3:35

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **U A Marketing LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Gladieux

Name of Person

U A Marketing LLC

Firm/Company

4327 S Highway 27 STE 165

Address

CLERMONT, FL 34711

City/State and Zip Code

paulgladieux@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Gladieux

Name of Person

at **(407) 970-7232**

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

U A Marketing LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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			☐ Remove
			☐ Add
			☐ Remove

14 JUL 15 PM 3:35

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

We are changing our address to

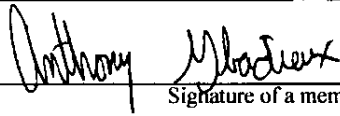
4327 S Highway 27 STE 165

Clermont, FL 34711

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 7/12/2014



Signature of a member or authorized representative of a member

Anthony Gladieux

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 JUL 15 PM 3:35