14000073971

| (Re | equestor's Name) | <u></u> |
|---|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name | e) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



100260113031

05/14/14--01013--022 **25.00

MAY I 4 PH 4: 46

MAY 21 2015 , BRUCE

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: UCREDO 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: |
| ALEKSANDAR POPOVSK |
| UCREDO LLC Firm/Company |
| 12113 RAMBLING OAK BLVD |
| ORLANDO, FL 32832 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| ALEKSANDAR POPOVSKi at 973 VS9 - 0273 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Solution Signature Solution Status Solution |

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

| UCREDO LLC | | | | |
|---|---|---------------------------|--|--|
| (<u>Name of the Limited Llabi</u> (A Flori | ility Company as it now appears on our records.) da Limited Liability Company) | | | |
| The Articles of Organization for this Limited Liability Florida document numberL1\(\text{100007397} \) | Company were filed on <u>5/7/14</u> | and assigned | | |
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: | | | | |
| | | | | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADD | DRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad | | enter the name of the nev | | |
| Name of New Registered Agent: | | | | |
| | | ₹ mail | | |
| New Registered Office Address: | Enter Florida street address | | | |
| | Flor | | | |
| | , Flor | Zip Code | | |
| New Registered Agent's Signature, if changing Register | red Agent: | # 5 | | |

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Type of Action Title** Name <u>Address</u> 12113 RAMBLING DAK BLUD ALEKSANDAR POPOVSKI ORLANDO, FL 32832 **⊠**.Add ☐ Remove 10446 PARK LOMMONS DR TALIA POPOVSKI ORLANDO, FL 32832 ☐ Remove □ Add ☐ Remove □ Add ☐ Remove _□ Add ☐ Remove

| . If amending any other information, enter change(s) here: (Attach add | ditional sheets, if necessary.) |
|--|---|
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | |
| | |
| | |
| Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State) | (optional) not be more than 90 days after |
| Dated 5/10/2014, | |
| | |
| Signature of a member of authorized representa | tive of a member |
| ALEKGANDAR PO | |
| Typed or printed name of signe | م |

Page 3 of 3

Filing Fee: \$25.00

