

L14000073971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

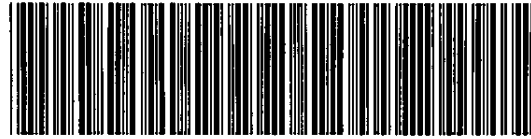
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE FLORIDA

MAY 21 2014
J. 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 POPOVSKI

Name of Person

UCREDO LLC

Firm/Company

12113 RAMBLING OAK BLVD

Address

ORLANDO, FL 32832

City/State and Zip Code

hadrada@gmail.com

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

For further information concerning this matter, please call:

ALEKSANDAR POPOVSKI

Name of Person

at (973)

Area Code

459-0273

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)

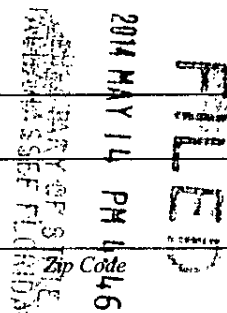
MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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UCREDO LLC

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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>
<u>MGR</u>	<u>ALEKSANDAR POPOVSKI</u>	12113 RAMBLING OAK BLVD ORLANDO, FL 32832	<input checked="" type="checkbox"/> Add

☒ Add☐ Remove

AMBR TALIA POPOVSKI 10446 ~~Box~~ PARK COMMONS DR
ORLANDO, FL 32832 ☒ Add

 Add

☐ Remove☐ Add☐ Remove☐ Add☐ Remove

☐ Add

☐ Remove☐ Add☐ Remove

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STATE OF FLORIDA
Remove

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

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 5/10/2014, _____



Signature of a member or authorized representative of a member

ALEKSANDAR POPOVSKI

Typed or printed name of signee

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Filing Fee: \$25.00

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