

U18000239425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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19 MAR 11 PM 12:17
TALLAHASSEE, FLORIDA

MAR 12 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2019

CRAIG CORNELIUS
UPLANDS MORTGAGE LLC
15104 PORTS OF IONA DRIVE
FORT MYERS, FL 33908

SUBJECT: UPLANDS MORTGAGE LLC
Ref. Number: L18000239425

We have received your document for UPLANDS MORTGAGE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 019A00003292

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Uplands Mortgage 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:

Craig Cornelius

Name of Person

Uplands Mortgage LLC

Firm/Company

15104 Ports of Iona Dr

Address

Fort Myers, FL 33908

City/State and Zip Code

Craig@UplandsMortgage.com

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

For further information concerning this matter, please call:

Craig Cornelius

860

597-6340

at ()

Name of Person

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

Page 1 of 3

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jennifer Hayes	15104 Ports of Iona Dr. Fort Myers, FL 33908	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.


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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020:

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 2.4.19


Signature of a member or authorized representative of a member

CRAIG R. CORNELIUS
Typed or printed name of signee