

L20000 113 969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

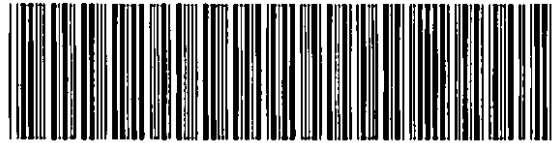
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 02 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CredEd, 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:

John J. McGlynn III
Name of Person
Law Offices of John J. McGlynn III, PLLC
Firm/Company
729 S.W. Federal Highway, Suite 102
Address
Stuart, Florida 34994
City/State and Zip Code
jmcglynn@southflawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John McGlynn at (772) 349-5646
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

RECORDED 17 FEB 3 19

(A Florida Limited Liability Company)

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> |
|--------------|-------------------|----------------------------|--|
| MGR | Caterina Angelone | 6880 Graham Road | <input type="checkbox"/> Add |
| | | Fort Pierce, Florida 34945 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Caterina Angelone | 6880 Graham Road | <input checked="" type="checkbox"/> Add |
| | | Fort Pierce, Florida 34945 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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4.54: 17 Feb 19

4.1A 17 Feb 19

(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 605.0207 (3)(b)

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

Dated August 11, 2020

Signature of a member or authorized representative of a member

John J. McGlynn III

Typed or printed name of signee