

L200006118217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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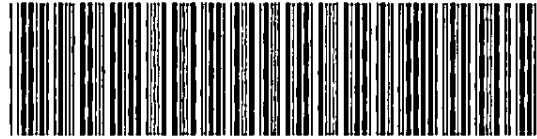
(Business Entity Name)

(Document Number)

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FILED  
CLERK OF COURT  
JULIA A. BROWN

O SIMMONS

JUN 04 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UPTREND CREDIT COUNSELING, 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:

WESLEY PAUL

\_\_\_\_\_  
Name of Person

UPTREND CREDIT COUNSELING, LLC

\_\_\_\_\_  
Firm Company

401 E. LAS OLAS BLVD. SUITE 130-241

\_\_\_\_\_  
Address

FORT LAUDERDALE, FLORIDA 33308

\_\_\_\_\_  
City/State and Zip Code

wespaul1804@gmail.com

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

For further information concerning this matter, please call:

WESLEY PAUL

305 801-7818  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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05/01/2020

**If Changing Registered Agent, Signature of New Registered Agent**

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**

[illegible]

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

2022 MAR 31 AM 6:16

E. 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 605.0207 (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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 03/29/2021 , \_\_\_\_\_

Signature of a member or authorized representative of a member

WESLEY PAUL

Typed or printed name of signee