

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
UC INVEST GROUP, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 APR 26 1A 4:31

2022 APR 26 AM 8:40

APPROVED
AND
FILED

Electronic Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UC INVEST GROUP, 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:

URBONAVICIUS, RAMUNAS

Name of Person

UC INVEST GROUP, LLC.

Firm/Company

2277 STONEGATE DR

Address

WELLINGTON, FL 33414

City/State and Zip Code

ucinvestgroup@gmail.com

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

For further information concerning this matter, please call:

URBONAVICIUS, RAMUNAS

at 763 377-3820

Area Code Daytime Telephone Number

Name of Person

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	URBONAVICIUS, RAMUNAS	2277 STONEGATE DR.	<input type="checkbox"/> Add
		WELLINGTON, FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LALE S.R.L.	VIA SANTO STEFANO, 11. 40125 BOLOGNA	<input type="checkbox"/> Add
		BO, ITALY	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CELLI, ALBERTO	2701 NE 57th Street	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(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)

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.

Ramunas Urbonavicius
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00