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(Re	questor's Name)		
(Add	dress)	.,,,,,		
(Ada	dress)			
(City	y/State/Zip/Phor	ne #)		
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COVER LETTER

SUBJECT	United Allo	_				
ounici	·					
		Name of Limited Liability Company				
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please retu	ırn all correspo	ndence concerning this matter	to the following:			
		Eduards Gulbins				
			Name of Person			
			Firm/Company			
	11220 Sunview Way					
Address						
	Hollywood , FL 33026					
	City/State and Zip Code unitedalloyslle@yahoo.com					
			to be used for future annual report notif	fication)		
For further	r information co	oncerning this matter, please ca	all:			
Eduards G	iulbins	786 547-2173 at(
	Name of	Person	Area Code Daytime	e Telephone Number		
Enclosed is	s a check for th	e following amount:				
■ \$25.00	O Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Eduards Gulbins	11220 Sunview Way	≣ ∧dd
		Hollywood , FL 34286	□Remove
			□Change
			□Add
			□Remove
		Change	
		□Add	
			□Remove
			☐ Change
			🗀 Add
			□Remove
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			□Remove
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