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116 0000 59676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

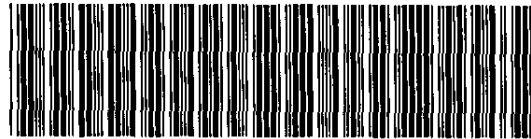
(Business Entity Name)

(Document Number)

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Y SULKER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EDISON COUNCIL 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:

ANDREA BONE

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

ACCOUNTING & BUSINESS PARTNERS LLC

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

10730 102ND AVE

\_\_\_\_\_  
Address

SEMINOLE, FL 33778

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

ANDREA.BONE@YOURABPARTNERS.COM

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

For further information concerning this matter, please call:

ANDREA BONE

727 828-9945  
at ( )

\_\_\_\_\_  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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ALL INFORMATION CONTAINED  
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DATE 09-06-2010 BY 60322  
SEP 6 PM 4:22  
U.S. DEPARTMENT OF JUSTICE

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

N/A-NAME CHANGE ONLY

E. **Effective date, if other than the date of filing:** 07/01/2016 (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.

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

Dated 24 AUGUST 2016

*Kate Krimitz*  
Signature of a member or authorized agent

Signature of a member or authorized representative of a member

KATIE KRIMITSOS

Typed or printed name of signee