

L16 000149516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

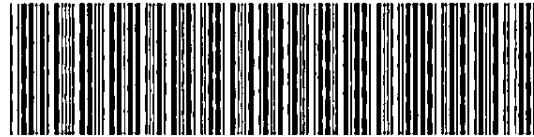
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/08/20--01013--019 **25.00

09/08/20 17:11:30

OCT 17 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Edecor 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:

Paul Martucci

Name of Person

Edecor LLC

Firm Company

2000 Waters Edge

Address

Pompano Beach Florida 33062

City/State and Zip Code

paulmartucci@gmail.com

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

For further information concerning this matter, please call:

Paul Martucci 954 600-3286

Name of Person at () Daytime Telephone Number
Area Code

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 Address:

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

1078 - 7 5:13

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>
MGR	Karen Martucci	2000 Waters Edge	<input type="checkbox"/> Add
		Pompano Beach	<input type="checkbox"/> Remove
		Florida 33062	<input checked="" type="checkbox"/> Change
MGR	Paul Martucci	2000 Waters Edge	<input type="checkbox"/> Add
		Pompano Beach	<input type="checkbox"/> Remove
		Florida 33062	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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6-10

(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.

 _____
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00