

L19000290244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

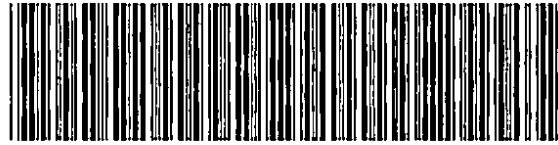
(Business Entity Name)

(Document Number)

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CALLAHAN, J. J.

YH.
2/22/21

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Dectile 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:

Zacharia Cunningham
Name of Person

Dectile LLC
Firm/Company

3038 SW Savona Blvd
Address

Port St. Lucie, FL 34953
City/State and Zip Code

DectileLLC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zacharia Cunningham 561 720-5360
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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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

Dated 22nd 224 7, 2021.

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Signature of a member or authorized representative of a member

Zachaeia Cunningham
Typed or printed name of signer

Typed or printed name of signee

Filing Fee: \$25.00