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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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15-1-20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EDESIGN PRO 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:

MOHAMED A KAOUSS

Name of Person

EDESIGN PRO LLC

Firm/Company

8865 COMMODITY CIRCLE

Address

ORLANDO, FL. 32819

City/State and Zip Code

admin@merritt.group

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

For further information concerning this matter, please call:

Yvette Iturrino

407

749-1120

at (_____) _____

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

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	ADAM BRAHEM KAOUS	1938 67TH ST APT A3 BROOKLYN, NY 11204	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MOHAMED A KAOUSS		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		RCE SARA APPT 19, 238 BG GHANDI BEAUSEJOUR CASABLANCA EL MAARIF MOROCCO, NA 20100	<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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7-11-68

(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 OCTOBER 26, 2020

~~Chas~~

MOHAMED A KAOUSS / MEMBER

Typed or printed name of signee