

L22000439448

(Requestor's Name)

(Address)

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(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



01/24/23--01010--027 \*\*80.00

77774 : 1508

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dedicated Designs 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:

Avianca Houston  
Name of Person

Dedicated Designs LLC  
Firm/Company

8105 N 10th Street  
Address

Tampa, Florida 33604  
City/State and Zip Code

~~mi@dedicated~~ Dedicateddesigns03@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Avianca Houston at (813) 567-6592  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input 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 checked="" 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 Address:

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

Dedicated Designs LLC

**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	Aviance Houston	8105 North 10 <sup>th</sup> Street	<input checked="" type="checkbox"/> Add
		Tampa, FL 33604	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Aviance Houston	8105 North 10 <sup>th</sup> Street	<input checked="" type="checkbox"/> Add
		Tampa, FL 33604	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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.

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 January 20, 2023

Aviance Houston

Signature of a member or authorized representative of a member

Aviance Houston

Typed or printed name of signee