

L22000510571

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : 120120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@abkcorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FUTURE HOME DECOR LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

JAN 12 2023

A. LUNT

TO: Registration Section
Division of Corporations

SUBJECT: FUTURE HOME DECOR 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:

LETICIA SANTOS

Name of Person

ACCOUNT BOOKKEEPING CORP

Firm/Company

5501 CONROY ROAD SUITE 140

Address

ORLANDO FL 32811

City/State and Zip Code

INFO@ABKCORP.COM

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

For further information concerning this matter, please call:

LETICIA SANTOS

at (407) 898-1757

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

FILED
JAN 11 2022
2022 JAN 11 AM 11:27

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

1123mm111902

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
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

2022 JAN 11 AM 11:27

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 10, 2023

Signature of a member or authorized representative of a member

SIDNEI OLIVEIRA SANTIAGO

Typed or printed name of signer