

L2400024 8756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

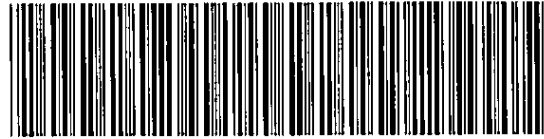
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 21 2024

Office Use Only



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2024 SEP 24 PM 3:58  
COURT CLERK  
JAN 10 2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Decker Remodeling 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:

Chris Decker  
Name of Person

Decker remodeling LLC  
Firm/Company

79 Hidden Cove Ct  
Address

Valpariso, FL 32580  
City/State and Zip Code

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

For further information concerning this matter, please call:

i  
\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
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 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

Decker Remodeling LLC

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
1.			<input type="checkbox"/> Add
2.			<input type="checkbox"/> Remove
3.			<input type="checkbox"/> Change
4.			<input type="checkbox"/> Add
5.			<input type="checkbox"/> Remove
6.			<input type="checkbox"/> Change
7.			<input type="checkbox"/> Add
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27.			<input type="checkbox"/> Change
28.			<input type="checkbox"/> Add
29.			<input type="checkbox"/> Remove
30.			<input type="checkbox"/> Change

[illegible]

(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 9/24/24

Chris Porter

Signature of a member or authorized representative of a member

Chris Decker

Typed or printed name of signee

**Filing Fee: \$25.00**