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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

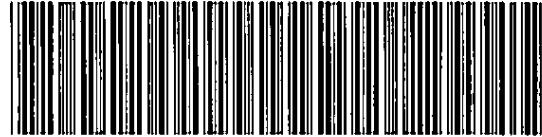
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Sign

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18 NOV 20 PM 3:45  
FALL BRASSFIELD, ALABAMA

K. SALY

NOV 26 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2018

YOUCALLWEHAULIT LLC  
WILFREDO SANTIAGO MEDINA  
5898 FOLKSTONE LN  
ORLANDO, FL 32822

SUBJECT: YOUCALLWEHAULIT LLC  
Ref. Number: L18000229724

We have received your document for YOUCALLWEHAULIT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 318A00022801

2018 NOV 27 AM 10:51

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: YouCallWeHaultt 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:

**Wilfredo Santiago Medina**

Name of Person

**YouCallWeHaultt LLC**

Firm/Company

**5898 Folkstone LN**

Address

**Orlando FL 32822**

City/State and Zip Code

**wilfredosantiago146@gmail.com**

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

For further information concerning this matter, please call:

**Wilfredo Santiago Medina**

Name of Person

at (407)

Area Code

247-2099

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

YouCallWeHaulIt LLC

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

FILED  
18 NOV 20 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L18000229724.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5898 Folkstone LN

**(Principal office address MUST BE A STREET ADDRESS)**

Orlando FL 32822

Enter new mailing address, if applicable:

5898 Folkstone LN

**(Mailing address MAY BE A POST OFFICE BOX)**

Orlando FL 32822

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Registered Agents Inc.

New Registered Office Address:

3030 N. Rocky Point Dr. STE 150A

Enter Florida street address

Tampa

Florida

33607

City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**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	Wilfredo Santiago Medina	5898 Folkstone Lane	<input checked="" type="checkbox"/> Add
		Orlando F.L. 32822	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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)

(b) The 90th day after the record is filed.

Dated November 14. 2018

Wifredo Santiago  
Signature of a member or authorized

Signature of a member or authorized representative of a member

Wilfredo Santiago Medina  
Typed or printed name of signer

Typed or printed name of signee