L190CC336493

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COVER LETTER

Divis	sion of Cor	porations		
UBJECT:	LUISANA	SOTO, LLC.		
obsider		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
		indence concerning this matter		
	·	LUISA A. SOTO NAVAR		
			Name of Person	·
		LUISANA SOTO, LLC.		
			Firm/Company	
		7503 MOURNING DOVE	ECIRCLE UNIT 103	
	Address			
		REUNION, FL 34747		
		LUISANASOTON@GMA	City/State and Zip Code IL.COM	
		E-mail address: (to be used for future annual report notifi	ication)
For further inf	ormation c	oncerning this matter, please ca	all:	
LUISA A. SC	TO NAV	ARRO	786 267-2340	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a c	check for th	ne following amount:		
■ \$25.00 Fil	ling 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:

TO:

Registration Section

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

LUISANA SOTO, LLC.		
(<u>Name of the Limited</u>	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
he Articles of Organization for this Limited Lial	bility Company were filed on 09/18/2019	and assigned
lorida document number L19000236493		
his amendment is submitted to amend the follow	ving:	
. If amending name, enter the new name of t	the limited liability company here:	
ne new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applical	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
	•	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	OX)	
		70
	r registered office address on our records, ente	r the name of the
egistered agent and/or the new registered offi-	ce address here:	V 100
		ARRA ARRA
Name of New Registered Agent:		1112.5
New Registered Office Address:		ہم کھ
New Registered Office Address.	Enter Florida street address	
	Maitas	07 原
	, Florida _	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	LUISA A. SOTO NAVARRO	7503 MOURING DOVE CIRCLE UNIT 103 REUNION, FL 34747	■ Add
			□ Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			
			□ Remove
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an effective	ate, if other than the d	be specific and c	annot be prior to	date of filing or	more than 90 da	(optional) ys after filing.) P	ursuant to 605.0207
ote: If the ocument's	e date inserted in this bloc effective date on the Dep	ck does not me surtment of Sta	et the applicat ite's records.	ole statutory til	ing requiremer	its, this date wi	ll not be listed as
	specifies a delayed h day after the reco		ite, but not	an effective	time, at 12	2:01 a.m. on	the earlier of
OCT	TOBER 18	···/1	2019	_·			
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		- /	1	, ,			
1	LUISA A. SOTO NAVA	RRO					

Page 3 of 3

Filing Fee: \$25.00

Date of this notice: 10-04-2019

Employer Identification Number:

84-3263038

Form: SS-4

Number of this notice: CP 575 G

LUISANA SOTO LLC LUISA A SOTO NAVARRO SOLE MBR 7503 MOURNING DOVE CIR APT 103 REUNION, FL 34747

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-3263038. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is LUIS. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records. CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

9999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 10-04-2019

EMPLOYER IDENTIFICATION NUMBER: 84-3263038
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 Islanda Islanda

LUISANA SOTO LLC LUISA A SOTO NAVARRO SOLE MBR 7503 MOURNING DOVE CIR APT 103 REUNION, FL 34747