

L20000117725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

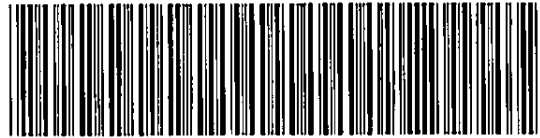
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED
MAR 20 2023
BY: _____

Office Use Only



200404965962

RECEIVED
MAR 20 2023
BY: _____

03/21/23--01003--005 **35.00

2023 JUN -6 AM 8:50
STATE
FILE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2023

LUIS A COLON
LUI WILL DO IT LLC
2424 BEXLEY DRIVE
TAVARES, FL 32778 US

SUBJECT: LUI WILL DO IT LLC
Ref. Number: L20000117725

2023 JUN -6 AM 8:50
TALLAHASSEE
STATE
RECEIVED

We have received your document for LUI WILL DO IT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

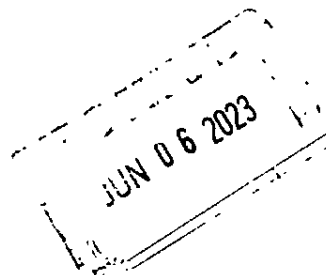
The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 723A00010390



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Lui Will Do It 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:

Luis A. Colon

Name of Person

Lui Will Do It, LLC

Firm/Company

2424 Bexley Drive

Address

Orlando, Florida 32718

City/State and Zip Code

luiscolon270@gmail.com

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

For further information concerning this matter, please call:

Luis Colon

Name of Person

at (____)

Area Code

407-535-2659

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

2023 JUN -6 AM 8:50

FILED

STATE
CORP.

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Lui Will Do It, LLC

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

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned _____

Florida document number L20000117725

This amendment is submitted to amend the following:

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

Not Applicable

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:

Not applicable

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

Enter new mailing address, if applicable:

Not applicable

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

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:

Not applicable

New Registered Office Address:

Not applicable

Enter Florida street address

Not applicable

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.

Not applicable

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	Sheila E. Diaz	2424 Bexley Drive Towers Fl 32778	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Shellyne Gonzalez Diaz Hartley	644 Spanish Pine Road Davenport, Fl. 33837	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

F. Effective date, if other than the date of filing: 3/13/23 (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 3/13/2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

2023 JUN -6 AM 8:50
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-SPE
-SPE

— 1 —

Filing Fee: \$25.00