

L20000 154208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

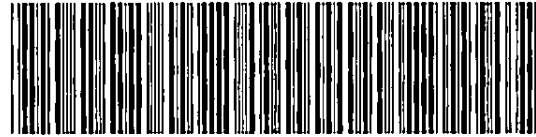
(Document Number)

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RECEIVED

JUL 06 2020

20 SEP 28 AM 9:29

FILED  
CLERK OF STATE  
CORPORATION

*Statement  
of Correction /  
Name Change*

OCT 25 2020

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LUCE DE SOLE ENTERPRISES, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Noel Taylor

Name of Person

LUCE DE SOLE ENTERPRISES, LLC

Firm/Company

PO Box 189

Address

Pendleton IN 46064-0189

City/State and Zip Code

joeyandnoelle@yahoo.com

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

For further information concerning this matter, please call:

Noel Taylor

317

3845921

at ( )

Name of Person

Area Code

Daytime Telephone Number

**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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee      ☒ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

20 SEP 28 AM 9:29

STATE  
DIVISION OF  
CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 7, 2020

NOEL TAYLOR  
LUCE DE SOLE ENTERPRISES, LLC  
PO BOX 189  
PENDLETON, IN 46064-0189

SUBJECT: LUCE DE SOLE ENTERPRISES, LLC  
Ref. Number: L20000154208

We have received your document for LUCE DE SOLE ENTERPRISES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 320A00017064

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: LUCE DE SOLE ENTERPRISES, LLC

**SECOND:** The Florida Document number of the limited liability company is: L20000154208

**THIRD:** Document to be corrected is: ARTICLES OF ORGANIZATION

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The name of the LLC should have been typed as LUCE DEL SOLE ENTERPRISES, LLC. The L was left out at the end of the second word. It was a typo. We typed DE instead of DEL. We would like to correct the name of the LLC to LUCE DEL SOLE ENTERPRISES, LLC.

**OR**

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☒ The electronic transmission of the record was defective.

→ Noel Taylor  
Signature of Authorized Representative

9/22/20

Date

20 SEP 28 AM 9:29  
STATE  
CORPORATION

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

n/a

Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)