

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L21000328487

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : AMERICAS TAX CORP
 Account Number : I20220000190
 Phone : (407)880-2300
 Fax Number : (407)703-7625

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: Americastax@outlook.com

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 DEPT. OF STATE
 DIVISION OF CORPORATIONS
 24 JUN 13 PM 1:40

RECEIVED

24 JUN 13 AM 8:15

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LUISCH INTERNET LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUISCH INTERNET 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:

MARIA LEDESMA
Name of Person
AMERICAS TAX CORP
Firm/Company
1120 E SEMORAN BLVD
Address
APOPKA FL 32703
City/State and Zip Code
AMERICASETX@OUTLOOK.COM
E-mail address: (to be used for future annual report notification)

26 JUN 13 PM 1:40
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MARIA LEDESMA at 407 8802300
Name of Person Area Code 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

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

LUISCH INTERNET 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 07/20/2021 and assigned Florida document number 121000328487.

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: 101 Rock Lake Rd
Longwood, FL 32750
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 101 Rock Lake Rd
Longwood FL 32750
(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: _____

New Registered Office Address: _____
Enter Florida street address
_____, Florida _____
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>
AMBR	Miriam Hernandez	101 Rock Lake Rd	<input checked="" type="checkbox"/> Add
		Longwood FL 32750	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Luis Lazaro Chacon	101 Rock Lake Rd	<input checked="" type="checkbox"/> Add
		Longwood FL 32750	<input 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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

26 JUN 13 11:04 AM
 LEAD STATE
 SIGNATURE

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

Multiple horizontal lines for amending information.

06/14/2024 PM 1:40

Handwritten notes on the right margin.

E. Effective date, if other than the date of filing: 06/14/2024 (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 60S.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 06/12/2024

GERARDO CHACÓN GONZALEZ
Signature of a member or authorized representative of a member

Gerardo Chacon Gonzalez
Typed or printed name of signee