

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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

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)

For further information concerning this matter, please call:

MARIA LEDESMA

407 8802300

at ( )

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

26 JUN 13 PM 1:40

**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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

26 MAY 13 14:10  
LEAD STATE  
STAMP

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

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 GONZÁLEZ

Signature of a member or authorized representative of a member

Gerardo Chacon Gonzalez

Typed or printed name of signee

**Filing Fee: \$25.00**