## Florida Department of State Division of Conorations Electronic Filing Chyer Sheet

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	Division of Corporations			
	Fax Number : (850)617-6383			
From:				
	Account Name : RC TAX SERVICE Account Number : I20140000083	LLC		
	Phone : (407)932-0040			
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Electronic Filing Menu

Corporate Filing Menu

Help

## **COVER LETTER**

TO:	Registration Se Division of Cor			*
\$U <b>В</b> Л	JUAN WIE	L DO IT LLC		
30001		Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub	_	
	·	JUAN D CUEVAS GOM	·	
			Name of Person	
		JUAN WILL DO IT LLC		
			Firm Company	
		7010 LAKE NONA BLVI	D APT 459	
			Address	
		ORLANDO, FL 32827		
		JUAN.NAVYFIT@GMAII		
For fur	ther information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report noti all:	lication)
JUAN	D CUEVAS GON	MEZ	407 757-5953 at ( )	
Name of Person			e Telephone Number	
Enclose	ed is a check for th	ne following amount:		
<b>=</b> \$23	5.00 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	<u>5:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

JUAN DO IT LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) 3 Liability Company)	
The Articles of Organization for this Limited Liability Compar	y were filed on 05/10/2022	and assigned
Florida document number L22000219743		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
JUAN WILL DO IT LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<del> </del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the as	me of the new registered
The state of the s		202
Name of New Registered Agent:		2 JE
		1 7 2
New Registered Office Address:	Enter Florida street address	
	T71 J _	PHIZ
	City , 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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
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			□Remove
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Dated		2022	<u> </u>	•					
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