

L23 000 287 997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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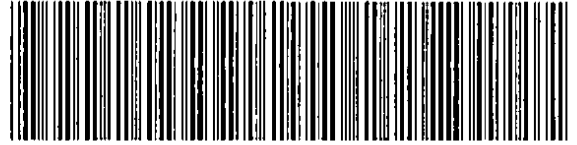
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Lucienaga Enterprises, 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:

Juan Montoya

Name of Person

Lucienaga Enterprises, LLC

Firm/Company

PO Box 15662

Address

West Palm Beach, FL 33416

City/State and Zip Code

JEMSvcs57@gmail.com

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

For further information concerning this matter, please call:

Juan Montoya

Name of Person

at ( 561 ) 220-8244

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

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**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

85 11 1968

**Note:** If the date inserted in this block does not meet for the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 7/19/2023

7/19/2023  
Pres.  
Signature of a member or authorized representative of a member  
Juan C Montoya  
Typed or printed name of signer

**Filing Fee: \$25.00**