

L23000348231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

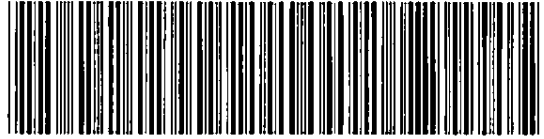
(Business Entity Name)

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NORTH DAKOTA
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[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WuJones Enterprise L.L.C.

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:

Wendy Jones Pérez

Name of Person

WuJones *Wendy Jones Pérez*

Firm/Company

17880 SW 107TH Ave Apt 23

Address

Miami FL 33157

City/State and Zip Code

wjp920615@gmail.com

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

For further information concerning this matter, please call:

Wendy Jones Pérez

786 370 6284
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2023

WENDY JONES PEREZ
17880 SW 107TH AVE
APT 23
MIAMI, FL 33157

SUBJECT: WUJONES ENTERPRISE L.L.C
Ref. Number: L23000348231

We have received your document for WUJONES ENTERPRISE L.L.C and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Valerie Herring
Regulatory Specialist III
Internet Support

Letter Number: 123A00021424

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

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STUDYING
ALL AVAILABLE

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(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 605.0207 (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.

Dated September 18th, 2023

Wendy Jones Piner
Typed or printed name of signee

Filing Fee: \$25.00