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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ITAX GROUP, LLC Account Number : 120140000115 Phone : (813)882-8426 Fax Number : (813)884-0263

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

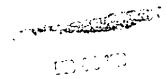
Email Address: APDIRECT 4U(A) CAM AIL. CAM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AR DIRECT IMPORT EXPORT SERVICES LLC

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Help



Registration Section

TO:

COVER LETTER

Division of Co	rporations	,	
	CT IMPORT EXPORT SERVIC	ES LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	f Amendment and fcc(s) are sub-	mitted for filing.	
	CARVALHO, ROBERTA		
	. , ,	Name of Person	
	AR DIRECT IMPORT EX	Name of Limited Liability Company If fee(s) are submitted for filing. Ing this matter to the following: O, ROBERTA Name of Person FIMPORT EXPORT SERVICES LLC Firm/Company IT CIR SOUTH Address Address The Jastin City/State and Zip Code #U@GMAIL.COM -mail address: (to be used for luture annual report notification) matter, please call: 1813 409:9145 at Daytime Telephone Number ount: Ing Fee & Li S55.00 Filing Fee & S60.00 Filing Fee.	
	Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. All correspondence concerning this matter to the following: CARVALHO, ROBERTA Name of Person AR DIRECT IMPORT EXPORT SERVICES LLC Firm/Company 713 REGENT CIR SOUTH Address BRANDON, FL 33511 City/State and Zip Code ARDIRECT4U@GMAIL.COM It-mail address: (to be used for future annual report notification) formation concerning this matter, please call: D. ROBERTA Name of Person Area Code Daytime Telephone Number check for the following amount: thing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
		Address	
	BRANDON, FL 33511		
	ARDIRECT4U@GMAIL.C	•	
	E-mail address: (to be used for future annual report no	dification)
For further information	concerning this matter, please of	all:	
CARVALHO, ROBER	TA	\$13 409 ² 9145	
Name	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
Mailing Addre		Street Address:	uction

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

Registration Section

Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AR DIRECT IMPORT EXPORT SERVICE		
(Nume of the Limited Liable (A Flore	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 06/26/2017	and assigned
Florida document number 1.17000138235		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
AR DIRECT PRO SERVICES LLC	·	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LI,C" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20 DH
Principal office address MUST BE A STREET ADD	RESS)	
		. 2
		<u> </u>
Enter new mailing address, if applicable:		- -
Mailing address MAY BE A POST OFFICE ROX)		<u></u>
Maining Guartess MATE DE A 1 001 OT PICE POAT		
 If amending the registered agent and/or registere gent and/or the new registered office address here: 	ed office address on our records, enter th	c name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida strert address	
	, Flori	ida
	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 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>	Address	Type of Action
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Tective date, if other than the da in effective date is listed, the date must be	e specific and cannot be prior	to date of filing or more than	(optional) 20 days after filing.) Pure	Numt to 605.02
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ecord specifics a delayed effective d is filed.	late, but not an effective t	ime, at 12:01 alm, on the c	arlier of: (b) The 90s	th day after th
DECEMBER 2ND ated	2020	·		
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