

H1800050873
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ITAX GROUP, LLC
Account Number : I20140000115
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: JF PAVERS @GMAIL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JF PAVERS LLC**

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JF PAVERS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS MARCELO GARCIA DO CARMO
Name of Person

JF PAVERS LLC
Firm/Company

2641 FLOURNOY CIR N APT 9409
Address

CLEARWATER - FLORIDA - 33764
City/State and Zip Code

JF PAVERS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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 DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

CARLOS MARCELO GARCIA DO CARMO 813 280 3019
Name of Person at () Daytime Telephone Number
Area Code

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/COURIER ADDRESS:
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JF PAVERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/26/2018 and assigned Florida document number L18000050873

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 2641 FLOURNOY CIR N APT 9409
CLEARWATER / FLORIDA
33764

Enter new mailing address, if applicable: 2641 FLOURNOY CIR N APT 9409
CLEARWATER / FLORIDA
33764

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: BRUNA TORRES CAMILLO PIRFS

New Registered Office Address: 2641 FLOURNOY CIR N APT 9409
Enter Florida street address
CLEARWATER / FLORIDA, Florida 33764
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.

Bruna Pirfs
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>
MGR	BRUNA TORRES CAMILLO PIRES	2641 FLOURNOY CIR N #9409 CLEARWATER/FL 33764	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS MARCELO GARCIA DO CARMO	2641 FLOURNOY CIR N #9409 CLEARWATER/FL 33764	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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


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E. Effective date, if other than the date of filing: _____ (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 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.

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 10/09 2019



 Signature of a member or authorized representative of a member

CARLOS MARCELLO GARCIA DO CARMO

 Typed or printed name of signee