

Division of Corporations

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# LS00031614

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.  
Account Number : 120000000083  
Phone : (305) 932-6262  
Fax Number : (305) 933-9393

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

Email Address: Info @ Serberlawfirm.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ITAS, LLC

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TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ITAS, 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 02/12/2015 and assigned  
Florida document number L15000031614

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 end with the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Maria Angeles Pietro Sanchez

New Registered Office Address:

11712 SW Benington Circle

Enter Florida street address

Port St Lucie

City

Florida

34987

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Hector Marcelo Fusco	11712 SW Benington Circle	<input type="checkbox"/> Add
		Port St. Lucie, FL 34987	<input checked="" type="checkbox"/> Remove
MGR	Maria Angeles Prieto Sanchez	11712 SW Benington Circle	<input checked="" type="checkbox"/> Add
		Port St. Lucie, FL 34987	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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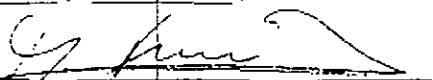
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State.)

Dated September 24 2018



Signature of a member or authorized representative of a member

Hector Marcelo Fusco

Typed or printed name of signer

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September 25, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ITAS, LLC  
400 KINGS POINT DR #205  
SUNNY ISLES, FL 33160US

Re: Document Number L15000031614

The Articles of Amendment to the Articles of Organization for ITAS, LLC, a Florida limited liability company, were filed on September 24, 2018.

This document was electronically received and filed under FAX audit number H18000277970.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Octavia L Simmons  
Regulatory Specialist III  
Division of Corporations

Letter Number: 818A00019963

ATT: OCTAVIA - PLEASE Amend Registered  
Agent AS well. Thank you.

P.O BOX 6327 - Tallahassee, Florida 32314