

12/8/21, 2:46 PM

Division of Corporations

L16000132237

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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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

2021 DEC -6 AM 10:17

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Email Address: MARCIAFLORENCIO@GMAIL.COM

2021 DEC -6 PM 4:06

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ONE COUPLE AND ONLY HOUSEKEEPERS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

DEC 07 2021

A. LUNT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ONE COUPLE AND ONLY HOUSEKEEPERS 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:

MARCIA APARECIDA FLORENCIO

Name of Person

ONE COUPLE AND ONLY HOUSEKEEPERS LLC

Firm/Company

3811 LANDINGS WAY DR #107

Address

TAMPA FL 33624

City/State and Zip Code

MARCIAFLORENCIO@GMAIL.COM

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

For further information concerning this matter, please call:

MARCIA APARECIDA FLORENCIO

813 817-1810

at ()

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE COUPLE AND ONLY HOUSEKEEPERS LLC

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

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DIVISION OF CORPORATIONS
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The Articles of Organization for this Limited Liability Company were filed on 07/13/2016 and assigned

Florida document number L16000132237

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:

3811 LANDINGS WAY DR #107

(Principal office address MUST BE A STREET ADDRESS)

TAMPA FL 33624

Enter new mailing address, if applicable:

3811 LANDINGS WAY DR #107

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA FL 33624

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:

MARCIA APARECIDA FLORENCIO

New Registered Office Address:

3811 LANDINGS WAY DR #107

Enter Florida street address

TAMPA

City

, Florida 33624

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

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

[illegible]

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

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DIVISION OF CERTIFICATION
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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 DECEMBER 2 2021

ATTORNEY

Signature of a member or authorized representative of a member

MARCIA APARECIDA FLORENCIO

Typed or printed name of signee