

L18000073199

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 : 120140000115
Phone : (813)882-8426
Fax Number : (813)884-0263

2021 NOV 15 AM 10:17

FILED
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: OLINDATILE@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OLINDA TILE LLC

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

NOV 16 2021

A. LUNT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OLINDA TILE 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:

JUVENCIO, ANDRE

Name of Person

OLINDA TILE LLC

Firm/Company

12069 CITRUS FALLS CIR, APT 303

Address

TAMPA, FL 33625

City/State and Zip Code

OLINDATILE@GMAIL.COM

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

For further information concerning this matter, please call:

JUVENCIO, ANDRE

813 756-9895
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**

OLINDA TILE 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 CORPORATION
2021 NOV 15 AM 10:17

The Articles of Organization for this Limited Liability Company were filed on 10/15/2021 and assigned
Florida document number L18000073199.

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: _____

(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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 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	DIAS, MICHAEL	12069 CITRUS FALLS CIR	<input type="checkbox"/> Add
		APT 303	<input checked="" type="checkbox"/> Remove
		TAMPA, FL 33625	<input type="checkbox"/> Change
AMBR	FONSECA, CRYSTAL MORAES	12069 CITRUS FALLS CIR	<input checked="" type="checkbox"/> Add
		APT 303	<input type="checkbox"/> Remove
		TAMPA, FL 33625	<input type="checkbox"/> Change
MGR	JUVENCIO, ANDRE	12069 CITRUS FALLS CIR	<input type="checkbox"/> Add
		APT 303	<input checked="" type="checkbox"/> Remove
		TAMPA, FL 33625	<input type="checkbox"/> Change
AMBR	JUVENCIO, ANDRE	12069 CITRUS FALLS CIR	<input checked="" type="checkbox"/> Add
		APT 303	<input type="checkbox"/> Remove
		TAMPA, FL 33625	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2021 NOV 15 AM 10:17

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

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 505.0207 (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 NOVEMBER 15TH

2021

Signature of a member or authorized representative of a member

JUVENCIO, ANDRE

Typed or printed name of signer