

L18000101946
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

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMERICAN SHOWER GLASS LLC**

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

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AMERICAN SHOWER GLASS 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:

CLAUDETE V. MARCAL

Name of Person

AMERICAN SHOWER GLASS LLC

Firm/Company

5008 W LINDBAUGH AVE SUIT 42

Address

TAMPA, FL 33624

City/State and Zip Code

DOPC43@HOTMAIL.COM

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

For further information concerning this matter, please call:

CLAUDETE V. MARCAL

Name of Person

at (813) 857-8110

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

AMERICAN SHOWER GLASS 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 04/23/2018 and assigned
Florida document number L18000101946.

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:

DOUGLAS PANTAROTTO/CANDIL

New Registered Office Address:

5008 W LINEBAUGH AVE SUITE 42

Enter Florida street address

TAMPA

Florida 33624

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.

Douglas Pantarotto
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	JADSON F FREITAS	5008 W LINEBAUGH AVE # 42	<input type="checkbox"/> Add
		TAMPA - FL - 33624	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CLAUDETE V. MARCAL	6621 LONG BAY LN	<input type="checkbox"/> Add
		TAMPA - FL - 33615	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DOUGLAS Pantarotto CANDIL	5008 W LINEBAUGH AVE # 42	<input type="checkbox"/> Add
		TAMPA - FL - 33624	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEXANDRE DE VITA	5008 W LINEBAUGH AVE # 42	<input checked="" type="checkbox"/> Add
		TAMPA - FL - 33624	<input type="checkbox"/> Remove
			<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.)*

2020 APR -9 AM 10:18

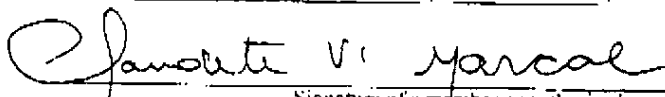
E. Effective date, if other than the date of filing: _____ (optional)

(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 STII APRIL 2020



Signature of a member or authorized representative of a member

CLAUDETE V. MARCAL

Typed or printed name of signer