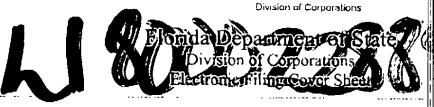
6/7/2019



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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. \*\*

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUZ REMODELING LLC

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Estimated Charge	\$25.00	

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JUN 1 0 2019

## **COVER LETTER** TO: Registration Section Division of Corporations LUZ REMODELING LLC SUBJECT: 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: DE ANDRADE, REAIZ JOSE Name of Person LUZ REMODELING LLC Firm/Company 7712 PALMERA POINTE CIR Address TAMPA/FLORIDA/ 33615 City/State and Zip Code REAIZJ@HOTMAIL.COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REAIZ JOSE DE ANDRADE

813

619 6185

Name of Person

Arca Code

Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy (additional copy is carciosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (#dditional copy is coclused)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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# ARTICLES OF AMENDMENT

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irds "Limited Liability Company," the designal	ion "LLC" or the	abbreviation 11.1.0"
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7712 PALMERA POINTE CIR		
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TAMPA	 	33615
City		Zip Code
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If Changing Registered Agent, Sig	dl	egistered Agent
	A Plenda Limited Liability Company were filed on	A Florida Limited Liability Company)  ability Company were filed on 09/26/2018  wing:  the limited liability company here:  ords "Limited Liability Company," the designation "LLC" or the ble:  FADDRESS)  TADDRESS)  TOE ANDRADE, REVAIZ  7712 PALMERA POINTE CIR  Enter Florida street address  TAMPA  City  resistered Agent:  agent and agree to act in this capacity. I further agent and complete performance of my duties, and I am ered agent as provided for in Chapter 605 F.S. Or gistered office address, I hereby confirm that the ligitation of the part of the limited Liability Company  1

Page 1 of 3

	2:05 PM FAX 813 884 0263	DDS TAX SERVICE	Ø 0004/0005
or removed	g Authorized Person(s) authorized to from our records:	manage, enter the title, name, and address	s of cachinerson being added
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<u>Title</u>	<u>Name</u>	Address	Type of Action
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