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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: DANIEL . FERREIRA DALFM . ADV. BR

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALFM LATAM PROXY LLC

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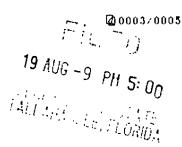
## **COVER LETTER**

TO:	Registration Sec Division of Corp			
	ALFM LAT	AM PROXY LLC		
อดหา	ECT:	Name of Limite	d Liability Company	
The er	closed Articles of A	Amendment and fee(s) are subm	itted for filing.	
Please	return all correspor	ndence concerning this matter to	the following:	
		DANIEL ALVES FERREIR	LA.	
			Name of Person	
		ALFM LATAM PROXY LI	LC.	
			Firm/Company	
		10116 DOUGLAS OAK CI	R #303	
			Address	·
		TAMPA, FL 33610		
		daniel.ferreira@alfm.adv.br	City/State and Zip Code	
		E-mail address: (10	be used for future annual report notific	ation)
For fi	irther information e	oncerning this matter, please ca	11:	
DAN	IEL ALVES FERR	FIRA	\$13 882 8426	
	Name o	[ Person	at () Ares Code Duytime	Telephone Number
		C.N. Sanara and		
		ne following amount:  \$\Boxed{\Boxesia} \$\\$30.00 \text{ Filing Fee & }	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS: ration Section	STREET/COURIE Registration Section	

Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ALFM LATAM PROXY LLC		· · · · · · · · · · · · · · · · · · ·
(Name of the Limited Limitity (A Florida L	Company as it now appears on our records.) imited Linbility Company)	
The Articles of Organization for this Limited Liability Cor Florida document number 1,19000050682		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
ALFM LATAM PROXY LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRE	<u></u>	
B. If amending the registered agent and/or regist registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	orida
<del>-</del>	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

Title	<u>Name</u>	Address	Type of Action
AMBR	RODRIGO DE MESQUITA PEREIRA	10116 DOUGLAS OAK CIR #303 TAMPA, FL 33610	
		. <del>.</del>	Remove
	MICHELE DA SILVA G.	10116 DOUGLAS OAK CIR #303	☐ Change
AMBR	TORRES	TAMPA, FL 33610	
			■ Remove
		. ,	Change
			DbbA 🖳
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amending any other information, cuter change(s) here: (A		
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to di tote: If the date inserted in this block does not meet the applicable occurrent's effective date on the Department of State's records.	(optional) see of Sling or more than 90 days after filing.) Pursuant to 60 statutory filing requirements, this date will not be list	5.0207 (cd as
e record specifies a delayed effective date, but not a The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earl	ier o
08/09 2019		
Sagnature of a/membor or authorize	ed representative of a member	
DANIEL ALVES FERREIRA		

Page 3 of 3

Filing Fee: \$25.00