6/3/2019

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To:

Division of Corporations

Fax Number

: (850)617-6383

· From:

Account Name : ITAX GROUP, LLC Account Number : 120140000115

: (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: FASTORISRAEL 41580 & HOTMAIL

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IFA HANDYMAN LLC

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			COVER LETTER		
TO:	Registration Sc Division of Corp				
		YMAN LLÇ			
SUBJI	ECT:	Name of Lim	ited Liability Company		
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		ISRAEI. FERRAZ DE AN	DRADE	201	
			Name of Person	2019 JUN -	•
		IFA HANDYMAN LLC			-
			Firm/Company		
		3433 CORONADO DR	APT 1708	AH 10:	5
			Address		
		SARASOTA, FL 34231		İ	
		pastorismel41580@hotmail	City/State and Zip Code		
		•	to be used for future annual report notificati	nn)	
For lu	rther information c	oncerning this matter, please c			
	EL FERRAZ DE A		973 549-8894		
	Name o	( Person	at ()	ephone Number	
Enclo:	sed is a check for the	ic following amount:			
■ Sã	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)	
	Registi Divisie	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building		
		ox 6327 assee, FL 32314	2661 Executive Center Tallahassee, I'L 32301	Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IFA HANDYMAN LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recor- iability Company)	<u>ds.</u> )	
The Articles of Organization for this Limited Liability Company  Torida document number		and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company here:		
The new name most be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LL	C" or the subbreviation." L.	L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)	4501 HALE ST	<u> </u>	
,	SARASOTA, FL 34233		
		1 N 10	) /:
Enter new mailing address, if applicable:	4501 HALE ST	2	
(Mailing address MAY BE A POST OFFICE BOX)	SARASOTA, FL 34233	<u> </u>	
registered agent and/or the new registered office address her  Name of New Registered Agent:	<u>c</u> : 		
New Registered Office Address:			
New Registered Villag Audiess.	Enter Florida street addi	evv	·
	.1	 Elorida	
<del></del>	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent.	<u>.</u>		
I hereby accept the appointment as registered agent and agreen provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	eperformance of my duties, provided for in Chapter 602	and I am familiar wi S. F.S. Or, if this doc	th and ument is
If Cha	nging Registered Agent, Signatur	rd of New Registered Acc	<u>nt</u>
Page	1 of 3		

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	Name FERNANDES,	Address 4501 HALE ST	Type of Action
AMBR	GABRIELA SILVA FERRAZ		<b></b> Add
		SARASOTA, FL 34231	
			O Remove
			☐ Change
AMBR	DIEGO MIMOSO FERNANDES, DANIEL FELIX	4501 HALE ST	<b>⊟</b> ∧dd
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	Pas	ge 2 of 3	

lf amending any other inform	ation, enter change(s) here: (Attach a		ennarv.)	<b>4</b> 2 0000
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Effective date, if other than th	ne date of filing:	(apti	ional)	
If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	bust be specific and cannot be prior to date of filiblock does not inect the applicable statuto. Department of State's records.	ry filing requirements, the	s date will not b	e listed as
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06/03	2019	1		
Dated				
	was to but			
	Signature of a member of authorized repres	entative of a member		
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ISR∧	EL FERRAZ DE ANDRADE			
	Typed or printed name of si	ignec		
	Page 3 of 3			
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