

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**H190003008453**

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((H190003008453))



H190003008453ABC/

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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: PASTORISRAEL41580@HOTMAIL.COM

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

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OCT 10 2019

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: IFA HANDYMAN 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:

ISRAEL FERRAZ DE ANDRADE

Name of Person

IFA HANDYMAN LLC

Firm/Company

4501 HALE ST

Address

SARASOTA, FL 34233

City/State and Zip Code

pastorisrael41580@hotmail.com

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

For further information concerning this matter, please call:

ISRAEL FERRAZ DE ANDRADE

973  
at ( )  
Area Code

545-8894

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2019 OCT -9 PM 4:02

RECEIVED  
OCT 9 2019

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IFA HANDYMAN 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 03/18/2019 and assigned  
Florida document number L19000075415

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

IFA HANDYMAN LLC

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:

4501 HALE ST

Enter Florida street address

SARASOTA

City

Florida

34233

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>
AMBR	GABRIELA SILVA FERRAZ FERNANDES	4501 HALE ST SARASOTA, FL 34233	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DANIEL FELIX DIEGO MIMOSO FERNANDES	4501 HALE ST SARASOTA, FL 34233	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THIAGO SILVA FERRAZ	4501 HALE ST SARASOTA, FL 34233	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" 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.)*

2019 OCT -9 PM 6:02

**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)

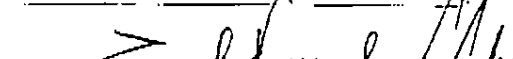
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 10/09 2019

2019



Signature of a member of authorized representative

ISRAEL FERRAZ DE ANDRADE

Typed or printed name of signee