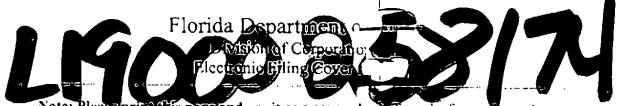
Division of Corporations



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To:

Division of Corporations

fax Number : (850)617-6383

From:

Account Name : ITAX GROUP, LLC Account Number : 120140000115

Fax Number

Phone : (813)882-8426 : (813)884-0263

**Enter the email address for this business entity to be used for future

Email Address: LANDERGALARGE & HOTMAIL COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

annual report mailings. Enter only one email address please. **

RD FLORIDA SERVICES LLC

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

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T. LENGELLY

COVER LETTER

	,	COVER LETTER	* }
TO: Registration So Division of Cor			
	DA SERVICES LLC		
SUBJECT:	Name of Lim	lited Linbility Company	······································
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing,	
Please return all correspo	andence concerning this matter	to the following:	
	DIEGO LANDER CLAUI	DIO GALARCE	
	RD FLORIDA SERVICES	Name of Person	·
	88234 BAY POINTE DR	Firm/Company APT, 105	
	TAMPA, FL 33615	Address	······································
	!andergalarce@hotmail.com		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report on	tification)
DIEGO LANDER CLA	•	727 600-2661	
Name (of Person	Arca Code Duyti	ruc Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee. Certificate of Status & Certified Copy (udditional copy is enclosed)
Regist	JNG ADDRESS: ration Section on of Corporations	STREET/COUF Registration Sect Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314

Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

BDEL	ODIDA	SERVICE	'CIIC

2813 NOV - 1 P 24 39

(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Compan	nears on our records.)
	to cooler runner electric Compan	W) TAREFORM OF STATE TALEANABOLE, FLORIDA
The Articles of Organization for this Limited L	iability Company were filed on	10/14/2019 and assigned
Florida document number £19000258174		
lorida document number	·	
This amendment is submitted to amend the fol-	owing:	
A. If amending name, enter the new name of	of the limited liability company	v here:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREE	ET ADDRESS)	<u> </u>
Programme and the second secon		
Enter new mailing address, if applicable:		
(Mailing address MAY BF A POST OFFICE	<u></u>	
B. If amending the registered agent and		on our records, enter the name of the
registered agent and/or the new registered t	ffice address here:	
Name of New Registered Agent:	DIEGO LANDER CLAUDIO	GALARCE
N - P - I 3 OFF - Add	88234 BAY POINTE DR API	r. 105
New Registered Office Address:		Florida street address
	TEA SAID A	27615
	TAMPA	Florida 33615

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> AMBR	Name GALARCE, LANDER CLAUDIO	Address 88234 BAY POINTE DR	Type of Action
		APT. 105	Remove
		TAMPA, FL 33615	Change
AMBR	LANDER CLAUDIO GALARCE, DIEGO	88234 BAY POINTE DR	
··		APT. 105	-
		TAMPA, FL 33615	
		Change	
			☐ Remove
			Change
			Remove
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			, 🗆 Add
			☐ Remove
			Change
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			Remove
			Change

amend	ing any other information, enter change	e(s) here: (Attuch additio	onal sheets, if necessary.)	
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lifective	date, if other than the date of filing:		(optional)	
f an effect Vote: H	ive date is listed, the date must be specific and cann the date inserted in this block does not meet t t's effective date on the Department of State'	ot be prior to date of filing or n he applicable statutory filir	tore than 90 days after filling.) Pursuant to 605	5.0207 ed as
	rd specifies a delayed effective date, Oth day after the record is filed.	, but not an effective	time, at 12:01 a.m. on the earlie	er of
Dated	23/01	2019.		
	33/0/ Signature of a memb	per or authorized representative	ob! a member	
	, -		ĺ	
	DIEGO LANDER CLAUDIO GALARCE			

Page 3 of 3

Filing Fee: \$25.00