

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
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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: ESLIPRI@YAHOO.COM

2020 MAY -5 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HELP ME HOUSES & HOMES LLC**

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



May 5, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HELP ME HOUSES & HOMES LLC  
4732 WALDEN CIR  
#1213  
ORLANDO, FL 32811US

SUBJECT: HELP ME HOUSES & HOMES LLC  
REF: L20000068814

We have received your document for HELP ME HOUSES & HOMES LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

FAX Aud. #: H20000131031  
Letter Number: 920A00009218

RECEIVED  
2020 MAY -6 AM 7:06

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HELP ME HOUSES & HOMES 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:

ESLI GONCALVES

Name of Person

HELP ME HOUSES & HOMES LLC

Firm/Company

4732 WALDEN CIR #1213

Address

ORLANDO, FL 32811

City/State and Zip Code

ESLI.PRI@YAHOO.COM

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

For further information concerning this matter, please call:

ESLI GONCALVES

214 794 7901

at ( )

Name of Person

Area Code

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

HELP ME HOUSES & HOMES 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 03/02/2020 and assigned  
Florida document number L20000068814

This amendment is submitted to amend the following:

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

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:

ESLI GONCALVES

New Registered Office Address:

4732 WALDEN CIR #1213

Enter Florida street address

ORLANDO

City

Florida 32811

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 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, 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	ELSI GONCALVES	4732 WALDEN CIR #1213	<input type="checkbox"/> Add
		ORLANDO, FL 32811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ELSI GONCALVES	4732 WALDEN CIR #1213	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32811	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<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.)

F. 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)(c)

**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 04/28 2020

Signature of a member or authorized representative of a member

ESLI GONCALVES

Typed or printed name of signee