

L20000124263
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

2020 JUL 31 PM 4:38

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: FABIANOPREMIUM@ICLOUD.COM

RECEIVED
2020 JUL 31 PM 2:33

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MARCAL HOLDING LLC

S TALI ENT
AUG 03 2020

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

Amnd

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARCAL HOLDING 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:

DASILVA, FABIANO M
Name of Person

MARCAL HOLDING LLC
Firm/Company

7716 ALVINA STREET
Address

TAMPA, FL 33625
City/State and Zip Code

fabianopremium@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DASILVA, FABIANO M at (813) 477-4143
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

MARCAL HOLDING 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 05/07/2020 and assigned Florida document number L20000124263

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)

Handwritten address lines with a date stamp: 2120 JUL 31 PM 4:38

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:

Form fields for Name of New Registered Agent, New Registered Office Address (with sub-labels: Enter Florida street address, City, Florida, 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	MARCAL, SANDRA	7716 ALVINA STREET	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33625	<input 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
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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 JULY 31, 2020

Fabiano M. da Silva

Signature of a member or authorized representative of a member

DASILVA, FABIANO M

Typed or printed name of signee