

LA0000190401

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H21000250321 3)))



H210002503213ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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:

chris@caitbayengineer.com

STATE
OF
FLORIDA
DIVISION OF
CORPORATIONS

2021 JUN 30 AM 9:00

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAGNUM SERVICES LLC**

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



June 28, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MAGNUM SERVICES LLC
6809 ELDORADO COURT
TAMPA, FL 33615US

SUBJECT: MAGNUM SERVICES LLC
REF: L20000190401

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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) 245-6051.

Stacy Prather
Regulatory Specialist III

FAX Aud. #: H21000250321
Letter Number: 321A00014637

Client chose her name as Registered agent.
it will stay the same.

COVER LETTER

**TO: Registration Section
Division of Corporations.**

SUBJECT: MAGNUM SERVICES 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:

MELO, NICOLETTE

Name of Person

MAGNUM SERVICES LLC

Firm/Company

8710 WEST HILLSBOROUGH AVE

Address

TAMPA, FL 33615

City/State and Zip Code

chris@eastbayengineer.com

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

For further information concerning this matter, please call:

MELO, NICOLETTE

813

997-8199

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

MAGNUM SERVICES 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 07/01/2020 and assigned
Florida document number 120000190401.

This amendment is submitted to amend the following:

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

GARY SANTTI 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:

6809 ELDORADO COURT

(Principal office address **MUST BE A STREET ADDRESS**)

TAMPA, FL 33615

Enter new mailing address, if applicable:

6809 ELDORADO COURT

(Mailing address **MAY BE A POST OFFICE BOX**)

TAMPA, FL 33615

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:

Enter Florida street address

Florida

City

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

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

[illegible]

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)(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 record is filed.

Dated JUNE 25TH

2021

y. Wadsworth

Signature of a member or authorized representative of a member

MELO, NICOLETTE

Typed or printed name of signee

FILED
JUN 30 AM 9:00
CLERK OF DISTRICT COURT
STATE OF FLORIDA
COUNTY OF BROWARD