

L20000317973

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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2020 NOV 25

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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

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NOV 30 20

2020 NOV 25 11:10:22

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

Email Address: PABLO RAFAELNASCIMENTO@HOTMAIL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CIMENTO'S SERVICES LLC

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIMENTO'S 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:

PABLO RAFAEL NASCIMENTO

Name of Person

CIMENTO'S SERVICES LLC

Firm/Company

26460 SW 142 AVE APT. 104

Address

HOME STEAD - FLORIDA - 33032

City/State and Zip Code

PABLO_RAFAELNASCIMENTO@HOTMAIL.COM

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

For further information concerning this matter, please call:

PABLO NASCIMENTO at (813) 770 5876
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

CIMENTO'S 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 10/07/2020 and assigned Florida document number L20000317973.

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:

26460 SW 142 AVE APT. 104

(Principal office address MUST BE A STREET ADDRESS)

HOME STEAD - FLORIDA - 33032

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:

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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Actio</u>
AMBR	ANTONIO ROYERO LUZ	26460 SW 142 AVE APT. 104	<input checked="" type="checkbox"/> Add
		HOME STEAD - FLORIDA - 33032	<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

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 (

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 11/25 2020

Pablo Rafael Nascimento

Signature of a member or authorized representative of a member

PABLO R NASCIMENTO

Typed or printed name of signee