

9/17/21, 12:08 PM

Division of Corporations

L210003474213

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

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

Email Address: DDLARME83@GMAIL.COM

FILED
2021 OCT -6 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SCHULZ GOMES, LLC**

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

OCT - 7 2021

S. PRATHER

2021 OCT -6 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SCHULZ GOMES 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:

THIAGO GOMES DOS SANTOS

Name of Person

SCHULZ GOMES LLC

Firm/Company

8836 BRENNAN CIR - BUILDING 3 APT. 103

Address

TAMPA - FL - 33615

City/State and Zip Code

DDLARME83@GMAIL.COM

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

For further information concerning this matter, please call:

THIAGO GOMES DOS SANTOS

813

562 6899

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**

SCHULZ GOMES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 OCT -6 PM 2:29

FILED

The Articles of Organization for this Limited Liability Company were filed on 02/19/2021 and assigned
Florida document number L21000084213.

This amendment is submitted to amend the following:

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

SCHULZ GOMES SERVICES 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:

8836 BRENNAN CIR - BUILDING 3 APT. 103

(Principal office address MUST BE A STREET ADDRESS)

TAMPA - FL - 33615

Enter new mailing address, if applicable:

8836 BRENNAN CIR - BUILDING 3 APT. 103

(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:

THIAGO GOMES DOS SANTOS

New Registered Office Address:

8836 BRENNAN CIR - BUILDING 3 APT. 103

Enter Florida street address

TAMPA

City

Florida 33615

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.

Thiago Gomes
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	THIAGO GOMES DOS SANTOS	8836 BRENNAN CIR - BUILDING 3 APT. 103	<input type="checkbox"/> Add
		TAMPA - FLORIDA - 33615	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			* UPDATING ADDRESS
			<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"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 (5)(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

9/17, 2021

Arigyo Gomez
Signature of a member or authorized

Signature of a member or authorized representative of a member:

THIAGO GOMES DOS SANTOS

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 OCT -6 PM 2:29

FILED

Filing Fee: \$25.00