

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.

((H21000229678 3)))



H210002296783ABC4

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: talita22\_as@outlook.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SHINNING HOUSE CLEANING LLC

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

RECEIVED

2021 JUN 10 PM 1:22

FILED  
2021 JUN 10 PM 12:49  
CLERK OF STATE  
TREASURY  
FLORIDA

**COVER LETTER**

TO: <sup>A</sup> Registration Section  
Division of Corporations

SUBJECT: SHINNING HOUSE CLEANING 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:

TALITA A DA SILVA

\_\_\_\_\_  
Name of Person

SHINNING HOUSE CLEANING LLC

\_\_\_\_\_  
Firm/Company

6706 CAMDEN BAY DR APT 102

\_\_\_\_\_  
Address

TAMPA, FL 33635

\_\_\_\_\_  
City/State and Zip Code

talita22\_ns@outlook.com

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

For further information concerning this matter, please call:

TALITA DA SILVA

813 9935027

\_\_\_\_\_  
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

SHINNING HOUSE CLEANING 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 05/07/2021 and assigned  
Florida document number 1.21000214664.

This amendment is submitted to amend the following:

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

SHINING HOUSE CLEANING 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:

(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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*Zip Code*

FILED  
 2021 JUN 10 PM 12:49  
 CLERK OF STATE  
 TALLAHASSEE, FLORIDA

**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]

**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 10TH JUNE 2021

Signature of a member or authorized representative of a member

TALITA A DA SILVA

Typed or printed name of signer

**FILED**

**JUN 10 PM 12:49**

**FBI - TAMPA**

**(b) 7-10th after**

**DE LAHASSEE, FLORIDA**

**CONFIDENTIAL**