Florida Department of State
Division of Corporations

Division of Corporations

Division of Corporations

Electronic Filling 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.

(((H21000325567 3)))



H210003255673ABC+

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: Crystaleleaningtampa aGMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRYSTAL CLEANING TAMPA LLC

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

2021 AUG 31 PM 2: (

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration So Division of Cor			
. La casa de la Compa	CLEANING TAMPA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	2(2) i.i.
	APARECIDA CRISTIAN		;. :
	·	Name of Person	
	CRYSTAL CLEANING T	TAMPA LLC	
	·-· -	Firm/Company	
	12069 CITRUS FALLS C	IRAPT 303	· .
		Address	- 、
	TAMPA, FL 33625		
		City/State and Zip Code	-
	CRYSTALCLEANINGTA	MPA@GMAIL.COM	
	E-mail address: (to be used for future annual report no	tilication)
For further information c	oncerning this matter, please c	all:	
CRYSTAL MORAES F	ONSECA	813 508 3175 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
≘ \$25.00 Filing Fee	S30.00 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 S Division of C P.O. Box 632 Tallahassee, 1	Section Torporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monre	rporations
		Tallahaccaa E	1 20202

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLC		
ted Liubility Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
iability Company were filed on	05/24/2021	and assigned
owing:		
f the limited liability company he	<u>re</u> :	
words "Limited Liability Company," the a	esignation "LLC" or the a	hbreviation "L.L.C."
eable:		<u> </u>
T ADDRESS)		
_··		
ss here:		ne of the new regis
Enter Flor	ida street address	
	, Florida	
City		Zip Codc
Registered Agent:		
	red Liability Company as it now appear (A Florida Limited Liability Company) iability Company were filed on owing: f the limited liability company he reable: TADDRESS) registered office address on our ress here: CRYSTAL MORAES FONSECA Enter Florication City Registered Agent: red agent and agree to act in this of	red Liability Company as it now appears on our records.) (A Florida Limited Liability Company) iability Company were filed on

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>	Name	Address	Type of Action
AMBR	CRYSTAL MORAES FONSECA	12069 CITRUS FALLS CIRAPT 303	
		TAMPA, FL 33625	□Remove
AMBR	APARECIDA C FONSECA	12069 CITRUS FALLS CIR APT 303	□Add
		TAMPA, FL 33625	⊟Remove
			□ Change
			Remove
			□Change
		*	
		7	□Remove
			LI Change
			□Add
			□Remove
		, <u> </u>	Change
			□∧dd
			□Remove
			Change

			7621
		<u>.</u> , <u> </u>	
		,	
			ÚO
	· · · · · · · · · · · · · · · · · · ·		
ective date, if other than	the date of filing:		(optional)
effective date is listed, the date	must be specific and cannot be prior to s block does not meet the applicab	date of filing or more than 90 day	ys after filing.) Pursuant to 605.03 its, this date will not be listed
ument's effective date on th	e Department of State's records.		
ord specifies a delayed effe	ctive date, but not an effective tim	e at 12:01 a.m. on the carlier	of: (b) The 90th day after t
filed.		.,	(v)e y vo, oay anar a
08/31	2021		
ed The	·	<u>.</u> .	

Filing Fee: \$25.00

Typed or printed name of signer