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To:

Division of Corporations

Fax Number : (850 617-6383

From:

Account Name : ITAX GROUP, LLC Account Number : I201 0000115 : (8138882-8426 Phone Fax Number : (813)884-0263

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

Email Address: MAUPOLDI @ HOTMAIL . COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FERNALDES POLDI LLC

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## COVER LETTER

TO:	Registration Division of C	Section Corporations	
Cres pe		es Poldi LLC	
SUBJE	CI:	Name of Limit	ted Lipility Company
The end	losed Articles	of Amendment and fee(s) are subn	nitted for filing.
Please	etum all corre	spondence concerning this matter to	o the collowing:
		Mauricio Poldi	
			Name of Person
		Fernandes Poldi LLC	
			Firm/Company
		916 W Plymouth St	
			a Address
		Tampa FL 33603	
		maupoldi@hotmail.com	City State and Zip Code
		E-mail address: (to	o be used for future annual report notification)
For fur	her informatio	n concerning this matter, please ca	.11:
Mauricio Poldi			813 476-3676 at ()
Name of Person			Area Code Daytime Telephone Number
Enclose	d is a check fo	or the following amount:	
<b>≡</b> \$25	i.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ 55.00 Filing Fee & □ S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		n Section f Corporations 327	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

Fernandes	Poldi	LLC
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8138840263

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida tymited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/17/2021 and assigned Florida document number L21000413228 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 "Limital 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 ADDRASS) 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 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. f Changing Registered Agent, Signature of New Registered Agent

\_\_\_\_\_ □Change

. 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 Title Name Address Type of Action AMBR Valeria A Fernandes Poldi 916 W Plymouth St ■Add Tampa FL 33603 □Remove .\_\_\_\_ DChange  $\square$ Add □Remove  $\square$ Add □ Remove \_\_\_\_ □Change □Add Remove \_ □Add Remove \_\_\_\_\_ □Add Remove

8138840263