

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L22000033001 19661

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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: RONIERYAUGUSTO@GMAIL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 RONNY STONE PAVERS LLC**

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

2022 JAN 26 AM 9:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2022 JAN 26 PM 3:36

APPROVED
 AND
 FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RONNY STONE PAVERS 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:

RONIEIRY AUGUSTO CORREA
Name of Person

RONNY STONE PAVERS LLC
Firm/Company

2225 NURSERY RD BLDG 28 - UNIT 201
Address

CLEARWATER/ FLORIDA / 33764
City/State and Zip Code

RONIERYAUGUSTO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RONIEIRY AUGUSTO CORREA at (727) 831 6718
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

RONNY STONE PAVERS 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 01.10.2022 and assigned Florida document number L22000019661.

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:

(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: RONIERY AUGUSTO CORREA

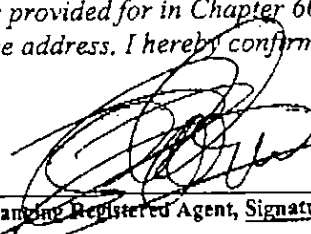
New Registered Office Address: 2225 NURSERY ROAD - BLDG 28 - UNIT 201
Enter Florida street address

CLEARWATER/FL, Florida 33764
City Zip Code

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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

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

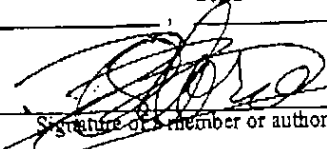
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	RONIEIRY AUGUSTO CORREA	2225 NURSERY ROAD - BLDG 28 - UNIT 201	<input type="checkbox"/> Add
		CLEARWATER/FL - 33764	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RONIERY AUGUSTO CORREA	2225 NURSERY ROAD - BLDG 28 - UNIT 201	<input checked="" type="checkbox"/> Add
		CLEARWATER/FL - 33764	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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 24th JANUARY 2022



 Signature of a member or authorized representative of a member

RONIERY AUGUSTO CORREA

Typed or printed name of signee