

DocuSign Envelope ID: 7A4772BF-2D3E-47D8-9305-F8B249D30E98

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.

(((H23000362787 3)))



H230003627873ABC5

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: MATHEUS.LADA@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LADAS GENERAL SERVICES LLC

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

DocuSign Envelope ID: 7A4772BF-2D3E-47D8-9305-F8BB49DB0E98

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LADAS GENERAL SERVICES 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:

MATHEUS FARIA FERREIRA

Name of Person

LADAS GENERAL SERVICES LLC

Firm/Company

9018 DIXIANA VILLA CIR

Address

TAMPA, FL 33635

City/State and Zip Code

matheus.lada@gmail.com

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

For further information concerning this matter, please call:

MATHEUS FARIA FERREIRA

at (813) 647-6981

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

DocuSign Envelope ID: 7A4772BF-2D3E-47D8-9305-F33B49D30E98

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LADAS GENERAL SERVICES 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 02/09/2023 and assigned
Florida document number L23000074412.

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City 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.

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 7A4772BF-2D3E-47D8-93C5-FBBB49D8CE98

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 OCTOBER 17TH 2023

Matthew Faria

Signature of a member or authorized representative of a member

MATHEUS FARIA FERREIRA

Typed or printed name of signee

Filing Fee: \$25.00