

10/21/24, 9:45 AM

Division of Corporations

L23000367390

Florida Department of State  
Division of Corporations  
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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

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 STATE OF FLORIDA  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FL

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

Email Address: giovanaperboni@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OLC PRO SERVICES LLC**

Certificate of Status	<b>0</b>
Certified Copy	<b>0</b>
Page Count	<b>01</b>
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M. SOLOMON  
OCT 21 2024

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: OLC PRO 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:

GIOVANA PERBONI DE CARVALHO  
Name of Person

---

OLC PRO SERVICES LLC  
Firm/Company

---

11053 WINDSOR PLACE CIR  
Address

---

TAMPA, FL 33626  
City/State and Zip Code

---

giovanaperboni@gmail.com  
E-mail address (to be used for future annual report notification)

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 SECRETARY OF STATE  
 TALLAHASSEE, FL

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For further information concerning this matter, please call:

GIOVANA PERBONI DE CARVALHO at (813) 426-6266  
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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLC PRO 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 08/04/2023 and assigned Florida document number L23000367390.

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)**

7122 SAMUEL IVY DR

TAMPA, FL 33619

Enter new mailing address, if applicable:  
**(Mailing address MAY BE A POST OFFICE BOX)**

7122 SAMUEL IVY DR

TAMPA, FL 33619

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TAMPA, FLORIDA

**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:

7122 SAMUEL IVY DR

*Enter Florida street address*

TAMPA

Florida 33619

*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

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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	Perboni de Carvalho, Giovana	7122 SAMUEL IVY DR	<input type="checkbox"/> Add
		TAMPA, FL 33619	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	De Carvalho, Stefan R	7122 SAMUEL IVY DR	<input type="checkbox"/> Add
		TAMPA, FL 33619	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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