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Division of Corporations

L23000367390

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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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****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**

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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)

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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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

City

Florida 33619

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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

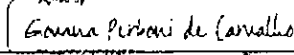
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E. Effective date, if other than the date of filing: _____ (optional)
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3)(b)
Note: If the date 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 18th, 2024


 Signature of a member or authorized representative of a member

GIOVANA PERBONI DE CARVALHO
 Typed or printed name of signer