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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.

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K. SALY

OCI 13 2023

COVER LETTER

TO: Registration So			đ.
DESTINO SUBJECT:	ALLIANCE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	4		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
:	ELIMAR G. BORGES		
	· -	Name of Person	
	DESTINO ALLIANCE LI	LC	
	!	Firm/Company	· · · · · · · · · · · · · · · · · · ·
	1912 VANDERVORT RE)	
		Address	
	LUTZ, FLORIDA - 33549)	
		City/State and Zip Code	
	cborges@destinoalliance.co	om to be used for future annual report not	ification)
For further information ed	oncerning this matter, please c		(Medica)
ELIMAR G. BORGES	ļ	619 866 22\$1	
Name of	Person		e Telephone Number
Enclosed is a check for th	c following amount:		
■ \$25.00 Filing Fee	S30.00 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 S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Seconds of Core The Centre of Tallahassee, FL	porations `allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



DESTINO ALLIANCE LLC					
(Name of the Limited	Liabitity Compa Florida Limited	ny as it now appears on our l Liability Company)	records.)		
The Articles of Organization for this Limited Liab Florida document number L23000372356 This amendment is submitted to amend the follow	 -	were filed on 08/08/2023	and assigned		
A. If amending name, enter the new name of t	<u>he limited liab</u>	ility company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liabi	fity Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicat	ole:	15985 PRESERVE MAR	KETPLACE #1043		
(Principal office address MUST BE A STREET		ODESSA - FL 33556			
	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
Enter new mailing address, if applicable:		15985 PRESERVE MARKETPLACE #1043			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ODESSA - FL 33556			
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:		address on our records, g	nter the name of the new registered		
	15005 DDECED	VE MARKETRI ACE HIOA	2		
New Registered Office Address:	15985 PRESERVE MARKETPLACE #1043 Enter Florida street address				
	ODESSA		Florida 33556		
		City	Zip Code		
New Registered Agent's Signature, if changing Reg	gistered Agent:				
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the region company has been notified in writing of this change in the change in the change in the change in the region writing of this change in the	and complete ered agent as p gistered office	performance of my dutie provided for in Chapter 6	is, and I am familiar with and 605, F.S. Or, if this document is		
,	If Chan	ging Registered Agent, Signat	ure of New Registered Agent		

If amending Authorized Perso	n(s) authorized to	manage, <u>enter t</u>	re title, :	name, and a	address of	each person	being adder
or removed from our records:							

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ELIMAR G. BORGES	15985 PRESERVE MARKETPLACE #1043	□Add
		ODESSA - FLORIDA - 33556	□Remove
			■ Change
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Ziffontina data ifforthum thom	Managara P. C. Co.			,		
Effective date, if other than I an effective date is listed, the date <u>Note:</u> If the date inserted in th	t must be specific and	l cannot ha prica t	o date of lifting or	(op more than 90 days aft	er filing) Pursuant to	605.0207 (3)(
document's effective date on the			иж макану пі	и <u>р</u> тецанетств, я	ns agic whi mac be	usich as me
e record specifies a delayed effi d is filed.	ective date, but not	an effective fin	iv, at 12:01 a.m	, on the earlier of: (b) The 90th day	after the
TAMPA 10/06 Dated		2023				
The state of the s			_			

Typed or printed name of signee