

DocuSign Envelope ID: C56D89F6-5209-4F86-AF06-B72DBE4C9877

L24000025294

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.

((H24000305994 3)))



H2400030599434BC3

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 : 120140000115
Phone : (813)882-8426
Fax Number : (813)884-0263

FILED
2024 SEP 10 AM 3:10
CLERK AMANDA J. [unclear]

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

Email Address: marcelo@jfpavers.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ELITE BUILDING PARTNERS LLC

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

4715111
120140000115
ITAX GROUP, LLC
MARCELO J. PAVERS
CLERK AMANDA J. [unclear]

DocuSign Envelope ID: C56D89F6-5209-4F86-AF06-E72D8E4C9877

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELITE BUILDING PARTNERS 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:

CARLOS MARCELO GARCIA DO CARMO

Name of Person

ELITE BUILDING PARTNERS LLC

Firm/Company

19408 ROSEATE DR

Address

LUTZ, FL 33558

City/State and Zip Code

marcelo@jfpavers.com

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

For further information concerning this matter, please call:

CARLOS MARCELO GARCIA DO CARMO 727 280-3019

Name of Person at () 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: C56D99F6-5209-4F86-AF06-B72DBE4C9877

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2024 SEP 10 AM 3:10
TALLAHASSEE, FLORIDA

ELITE BUILDING PARTNERS 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 01/11/2024 and assigned Florida document number L24000025294.

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: C56D89F6-5209-4F86-AF06-B72D8E4C9877

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	Almeida Rodrigues, Edilson	19408 ROSEATE DR	<input type="checkbox"/> Add
		LUTZ, FL 33558	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2024 SEP 10 AM 3:10
 ELECTRONIC
 RECORDS
 DIVISION

DocuSign Envelope ID: C56D89F6-5209-4F66-AF06-B72D9E4C9677

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

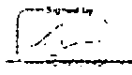
FILED
 2024 SEP 10 AM 3:10
 ALLIANCE STATE FILLS

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 SEPTEMBER 9TH, 2024



Signature of a member or authorized representative of a member

CARLOS MARCELO GARCIA DO CARMO

Typed or printed name of signee