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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2014

ANGELA KREMPEL 202 S. PARKER ST., SUITE 100 TAMPA, FL 33606

SUBJECT: EFEX GROUP, LLC Ref. Number: L13000175032

We have received your document for EFEX GROUP, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please ca[], (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 014A00022407

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 1, 2014

ANGELA KREMPEL 202 S. PARKER ST., SUITE 100 TAMPA, FL 33606

SUBJECT: EFEX GROUP, LLC Ref. Number: L13000175032

We have received your document for EFEX GROUP, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. The required reinstatement application, which takes the place of the annual report(s) due, must be submitted online at www.sunbiz.org. Simply click on the blue box entitled "File A Reinstatement Here!," which is located in the middle of our home page.

Once the reinstatement is submitted online, our system will allow you to choose one of three payment options. The three payment options are: 1. online by credit card; 2. online by pre-established Sunbiz E-File account; or 3. by mail with a check or money order. To pay online using a credit card, simply select the credit card option and enter your credit card information. Business entities with preestablished Sunbiz E-File accounts may choose the Sunbiz E-File account; option. Entities paying by check or money order must select the check payment option, print the required payment voucher, and mail the check payment voucher with a check or money order made payable to the Florida Department of State for, the total amount due.

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If you choose to pay the required reinstatement fee(s) online using a credit card or Sunbiz E-File account, please contact me when the reinstatement filing has posted. If you choose to pay the required fee(s) by check or money order, please mail the check payment voucher and check or money order to my attention.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 614A00020993



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www.sunbiz.org



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2014

ANGELA KREMPEL 202 S. PARKER ST., SUITE 100 TAMPA, FL 33606

SUBJECT: EFEX GROUP, LLC Ref. Number: L13000175032

We have received your document for EFEX GROUP, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "LC.," and "Co."

The document number of the name conflict is P99000037014.

Please return your document, along with a copy of this letter, within 60 days for your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please cat (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 414A00019538

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ingela Kaempe
EXGNOW, LLC Firm/Company
202 S. Parker St., Suite 100 Address
Tampa, M. 33606
City/State and Zip Code angewar A M - group; Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: <u>Mycha Name of Person</u> at (<u>8/3</u>) <u>489-3626</u> <u>Area Code</u> Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF ARTICLES OF O ARTICLES OF O O	Q. DRGANIZATION
EFEX Group, LLC (Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u><u><u>13000175032</u></u></u>	were filed on $\frac{12/19/13}{13}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u> <u>FX</u> <u>Group</u> <u>International</u> The new name must be distinguishable and end with the words "Limited Liabi Enter new principal offices address, if applicable:	al, LLC
<u>(Principal office address MUST BE A STREET ADDRESS)</u>	Suite 100 Tampa, F1.33606
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) >	202 S. Parker St. Suite 100 Tampa, Fl.33606
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address: 202 S	Enter Florida street address MPA, Florida City, Zip Cod
1 an	Apolitica , Florida
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

Page 1 of 3

Authorized Member being added or removed from our records?

- -

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Angela Krempe	<u>ниитезя</u> 1 <u>2025. Parkerst., Suite</u> Татри, Fl. 33606	/00 DAdd
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(optional)

E. Effective date, if other than the date of filing: ______ (optional (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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