Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: EAGLE TAX REPRESENTATION, CORE.

Account Number: I20070000037 Phone

: (954)532-3842

Fax Number

: (954)532-3847

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EXPRESSAO COMMUNICATIONS GROUP, LLC

Certificate of Status	0
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Page Count	05
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Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Expressao Communications Group, 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:

Edivaldo A Fontes

Name of Person

Eagle Tax Representation Corp

Firm/Company

5493 Wiles Road Ste 105

Address

Coconut Creek, FL 33073

City/State and Zip Code

paulo@eagle-tax.com

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

For further information concerning this matter, please call:

Paulo Oliveira, EA

_{..},954、532-3842

Name of Person

Arca Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Foc

☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

☐ S60.00 Filing Hee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURTER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED						
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ZUM I Mich Talli	ET AH	/3/Y (3/SE)	07 S E, F!	TA OR	TE NDA	

Expressao Communications Group, LLC		
(Name of the Limited Liability Comma (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000023534</u>	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	sility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	22763 State Rd 7 (441)	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL - 33428	
Enter new mailing address, if applicable:	22763 State Rd 7 (441)	
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL - 33428	
R. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
·	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	Zip Cixie
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further ag performance of my duties, and I am j provided for in Chapter 605, F.S. Or,	familiar with and if this document is
ifChai	nging Registered Agent, Signature of New Re	gistered Agent
Page :	1 of 3	

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Title Name <u>Address</u> David A Friedman 7899 Rockford Rd MGR **■** Add Boynton Beach, FL 33472 CREMOVE _□ Add □ Remove □ Add ☐ Remove _□ Add □ Remove ..□ Add __ Remove _□ Add ☐ Remove

D. If amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	
		:
		: :
		
		: :
E. Effective date, if other than the date of filing:		
(The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed date and cannot be more than 90 days after of State)	:
_{Dated} May 7th	2014	:
	ember or authorized representative of a member	
Edivaldo A Fontes		i
j	Typed or printed name of signee	:

Page 3 of 3

Filing Fee: \$25.00

