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11/07/2017 12:18PM FAX
11/8/2017

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Division of Corporations

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 : EAGLE TAX REPRESENTATION, CORP.
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:

paulo@eagle-tax.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VALFLUX GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2017 NOV -7 AM 11:26

FILED
17 NOV -7 AM 10:36
TALLAHASSEE, FLORIDA

J. LEGGETT
NOV -8 2017

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VALFLUX 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:

Azencler Silva

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

at ()

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALFLUX GROUP, 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 03/05/2015 and assigned
Florida document number L15000040577

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:

2003 W. CYPRESS CREEK RD SUITE 109

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE, FL - 33309

Enter new mailing address, if applicable:

2003 W. CYPRESS CREEK RD SUITE 109

(Mailing address MAY BE A POST OFFICE BOX)

FORT LAUDERDALE, FL - 33309

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:

EAGLE TAX REPRESENTATION, CORP

New Registered Office Address:

5493 WILES ROAD SUITE 105

Enter Florida street address

COCONUT CREEK

Florida 33073

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

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17 NOV 7 AM
SEAL
JACOB HARRIS, FLO

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>
MGR	Maria Cristina de Almeida	3624 N University Dr	<input type="checkbox"/> Add
		Coral Springs, FL - 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alexandre Augusto Arantes	Rua 12 Numero 17 Jardim Goias	<input checked="" type="checkbox"/> Add
		Goiania, GO - 74810-150	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Azeneclever Silva	Rua Berilo Quadra 33 Lote 16	<input type="checkbox"/> Add
		Goiania, GO - 74663-120	<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE
JALAPENSE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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)

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.

8.	
	Signature of a member or authorized representative of a member
Azenelever Silva - Member Manager	
	Typed or printed name of signee

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November 7, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VALFLUX GROUP, LLC
3624 N UNIVERSITY DR
CORAL SPRINGS, FL 33065US

SUBJECT: VALFLUX GROUP, LLC
REF: LI5000040577

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H17000292292
Letter Number: 517A00022468

2017 NOV -7 AM 11:26

P.O BOX 6327 - Tallahassee, Florida 32314