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Division of Corporations
Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : EAGLE TAX REPRESENTATION, CORP.
Account Number : I2007000037
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: *paula@eagle-tax.com*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ON ENTERPRISE GROUP LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ON ENTERPRISE 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:

ANDRE PORTO

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@eaglet-tax.com

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

For further information concerning this matter, please call:

Paulo Oliveira

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ON ENTERPRISE 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 03/05/2020 and assigned Florida document number L20000078619

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: 5621 N WINSTON PARK BLVD STE 108 COCONUT CREEK, FL 33073

Enter new mailing address, if applicable: 5621 N WINSTON PARK BLVD STE 108 COCONUT CREEK, FL 33073

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: ANDRE PORTO
New Registered Office Address: 5621 N WINSTON PARK BLVD STE 108 COCONUT CREEK, Florida 33073

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

2020 SEP 2 D

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

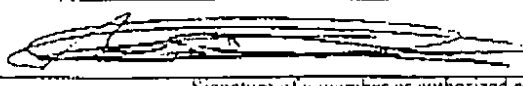
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ELISEU DAMA	1100 S Federal Hwy - Ste 225-233	<input type="checkbox"/> Add
		Dcerfield Beach, FL - 33441	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SERGIO MOURA	5621 N Winston Park Blvd - Ste 108	<input type="checkbox"/> Add
		Coconut Creek, FL - 33073	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ANDRE PORTO	5621 N Winston Park Blvd - Ste 108	<input type="checkbox"/> Add
		Coconut Creek, FL - 33073	<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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: (h) The 90th day after the record is filed.

Dated AUGUST 31st, 2020



Signature of a member or authorized representative of a member

ANDRE PORTO

Typed or printed name of signee