

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ONYX DIRECT FUNDING, 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:

ROBERT OWENS

(Name of Person)

OWENS ORGANIZATION

(Firm/Company)

485 NORTH EAST 128TH STREET

(Address)

NORTH MIAMI, FLORIDA 33161

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT V. OWENS

(Name of Person)

at (954) 636-4836

(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

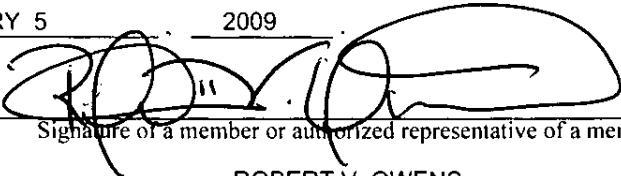
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBERT OWENS	485 NORTH EAST 128TH STREET NORTH MIAMI, FLORIDA 33161	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	OWENS ORGANIZATION	485 NORTH EAST 128TH STREET NORTH MIAMI, FLORIDA 33161	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ROBERT OWENS	485 NORTH EAST 128TH STREET NORTH MIAMI, FLORIDA 33161	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	OWENS ORGANIZATION	485 NORTH EAST 128TH STREET NORTH MIAMI, FLORIDA 33161	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated FEBRUARY 5 2009



Signature of a member or authorized representative of a member

ROBERT V. OWENS

Typed or printed name of signee