

L05000/22818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700062455377

01/03/06--01037--029 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 JAN -3 PM 12:35

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONIX, 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:

GAYLE LEPHART

(Name of Person)

ONIX DEVELOPMENT GROUP, LLC

(Firm/Company)

13820 ST. AUGUSTINE RD. STE 113-319

(Address)

JACKSONVILLE, FL 32258

(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 JAN - 3 PM 12:35

For further information concerning this matter, please call:

GAYLE LEPHART

(Name of Person)

at (904) 424-6694

(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**

ONIX, LLC.

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 12/28/2005 and assigned document number L05000122818.

SECOND: This amendment is submitted to amend the following:

NAME OF THE CORPORATION

NAME: ONYYX DEVELOPMENT GROUP, LLC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2005 JAN -3 PM 12:36

Dated DECEMBER 30, 2005.



Signature of a member or authorized representative of a member

GAYLE LEPHART

Typed or printed name of signee

Filing Fee: \$25.00