

LOG 00000 46992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

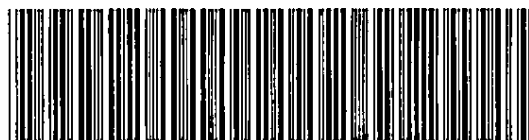
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/24/21--01039--024 **60.00

6/28/21
[Signature]

2021 JUN 28 11:11 AM

ROE & SIMON LLC
ATTORNEYS AT LAW

PITTSBURGH OFFICE

ADRIAN N. ROE
428 BOULEVARD OF THE ALLIES, FIRST FLOOR
PITTSBURGH, PA 15219
aroe@roeandsimonllc.com

412.434.8187 (VOICE)
412.774-2908 (FAX)

MONROEVILLE OFFICE

MICHAEL D. SIMON
2520 MOSSIDE BOULEVARD
MONROEVILLE, PA 15146
mdsimon@roeandsimonllc.com

412.856.8107 (VOICE)
412.856.8108 (FAX)

May 18, 2021

VIA PRIORITY MAIL

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Onyx Unit 2602 LLC, a Florida limited liability company

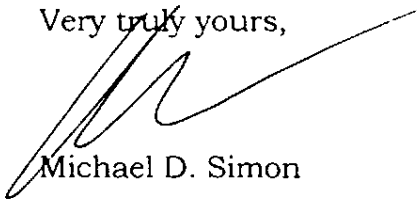
To Whom it May Concern:

Enclosed please find the following in regards to the above referenced matter:

1. Cover Letter;
2. An original and a copy of the Articles of Amendment to Articles of Organization of Onyx Unit 2602 LLC; and
3. A check in the amount of \$60.00 to cover the filing fee, Certificate of Status and a certified copy.

Please call if you have any questions.

Very truly yours,



Michael D. Simon

MDS/jlm
enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Onyx Unit 2602 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:

Michael D. Simon, Esquire

Name of Person

Roe & Simon LLC

Firm/Company

2520 Mossie Boulevard

Address

Monroeville, PA 15146

City/State and Zip Code

mdsimon@roeandsimonllc.com

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

For further information concerning this matter, please call:

Michael D. Simon, Esquire

412 856-8107

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

original

Onyx Unit 2602 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 May 9, 2009
Florida document number L08000046992

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

MGR = Manager
AMBR = Authorized Member

[illegible]

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

Amendment to Article VI Management: Each manager is authorized to open any bank accounts in the name of

Onyx Unit 2602 LLC and to perform all tasks necessary to open any such bank accounts and to conduct banking

activities of Onyx Unit 2602 LLC thereafter.

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

Dated

May 18

2021

Michael D. Simon, Esq.

Signature of a member or authorized representative of a member

Michael D. Simon, Esquire, Attorney for Onyx Unit 2602 LLC, authorized representative of a member

Typed or printed name of signee