

209000006933

(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:

A. LUNT

FEB - 6 2009

EXAMINER

Office Use Only



300142776333

02/05/09--01005--013 **25.00

RECEIVED
TALLAHASSEE, FLORIDA

2009 FEB -5 PM 2:51

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ony-X Fitness and Wellness L.L.C.
(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:

Onyedikachi Ibeji

(Name of Person)

(Firm/Company)

2358 SW 135 Ave

(Address)

Miramar, Florida 33027

(City/State and Zip Code)

For further information concerning this matter, please call:

Onyedikachi Ibeji at (954) 515-2171
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 FEB -5 PM 2:51

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ony-X Fitness and Wellness L.L.C.

(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 1/21/09 and assigned
Florida document number L09000006933.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Ony-X Fit Body Sculpting L.L.C.

The new name must be distinguishable and end with 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)

Ony-X Fit Body Sculpting

7611 Davie Road Extension

Davie, Florida 33024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Ony-X Fit Body Sculpting

2358 SW 135 Ave

Miramar, FI 33027

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: Onyedikachi Ibeji

New Registered Office Address: 7611 Davie Road Extension

(Enter Florida street address)

Davie, Florida 33024

(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 608, 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)

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>
MGRM	Onyedikachi Ibeji	2358 SW 135 Ave Miramar, FL 33027	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Farrah Heurtelou	3460 PINEWALK AVE APT 335 MIRAMAR, FL 33027	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2009 FEB -5 PM 2:51
CLERK OF DISTRICT COURT
MIAMI ASSOCIATION
STATE OF FLORIDA

FILED

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

To make sure my last name ends
with an "I" instead of a "T".

Dated January 26, 2009



Signature of a member or authorized representative of a member

Farrah Heurtelou

Typed or printed name of signee