09000018373

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(DC	cument Number)	
Certified Copies	_ Certificates	s of Status
Supplied Instructions to	Filing Officer	-
Special Instructions to	Filing Officer.	

Office Use Only



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FILED
11 JAN 20 AM II: 17
SECRETARY OF STATE FLORID

J. BRYAN

JAN 21 2011

EXAMINER

COVER LETTER

	ation Section n of Corporations		•	
SUBJECT:	Prunick Building Ser	vices, LLC / Onyx South, LL	.C	
		mited Liability Company		
The enclosed Ar	ticles of Amendment and fee(s) are s	submitted for filing.		
Please return all	correspondence concerning this matt	ter to the following:		
		Jeremy Prunick		
		Name of Person	ASF =	
	Pru	nick Building Services, LLC Firm/Company	TILCLE AND AND IN IL	
	,	230 NW Lincoln Circle N	SSEE SEE	
		Address	FES	
	Sair	nt Petersburg Florida 33702	ORDE S	
		City/State and Zip Code		
	jere E-mail address	my@prunickbuildings.com to be used for future annual report notification	n)	
For further infor	mation concerning this matter, please	e call:		
	Jeremy Prunick	at (-0692	
	Name of Person	Area Code & Daytime Tele	phone Number	
Enclosed is a che	eck 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 A Registration Section Division of Corporation Clifton Building 2661 Executive Center 6	s	
	Tallahassee, FL 32314	2661 Executive Center (Tallahassee, FL 32301	Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pru	nick Building	Services, Ll	_C	MA I
(<u>Name of the Limite</u> (A	d Liability Compa A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	OF STATE
The Articles of Organization for this Limited L	iability Company	were filed on	02/24/2009	and assigned
Florida document numberL0900001	8373			
This amendment is submitted to amend the following	lowing:			
A. If amending name, <u>enter the new name o</u>	of the limited liab	ility company he	<u>re</u> :	
	Onyx Sou	th, LLC		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	cable:	3553 Cypres	s Terrace	
(Principal office address MUST BE A STRE)	ET ADDRESS)	Pinellas Park	Florida 33781	
Enter new mailing address, if applicable:		3553 Cypres	s Terrace	
(Mailing address MAY BE A POST OFFICE	BOX)	Pinellas Park	Florida 33781	
B. If amending the registered agent and/ registered agent and/or the new registered o			our records, <u>enter t</u> l	ie name of the new
Name of New Registered Agent:				
New Registered Office Address:	3553 Cypres			
		En	ter Florida street addi	ess
	Pi	nellas Park	, Florida	33781
		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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

	<u>Name</u>	Address	Type of Actio
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			□ Damassa
			Pamaua
f amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets	s, if necessary.)
f amen	ding any other information, enter cha	nge(s) here: (Attach additional sheet:	s, if necessary.)
f amen	NUARY 17 TH , 20		S, if necessary.) SECRETARY OF ALLAHASSEE, F.

Page 2 of 2

Filing Fee: \$25.00