

L10000097937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

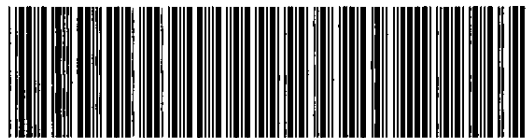
(Business Entity Name)

(Document Number)

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10 OCT -6 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 7 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

ONYX AUTOMOTIVES, 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:

ANNA WOLFE

Name of Person

ONYX AUTOMOTIVE, LLC

Firm/Company

13757 49th STREET, UNIT A-7

Address

CLEARWATER, FL 33760

City/State and Zip Code

ANNA-W@HOTMAIL.COM

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

For further information concerning this matter, please call:

ANNA WOLFE

Name of Person

at (727) 452-1914

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT -6 PM 1:48

FILED

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:

ONYX AUTOMOTIVES, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

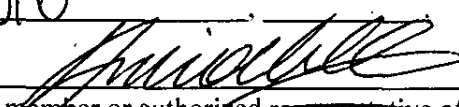
ONYX AUTOMOTIVE, LLC
Correct Company name

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: 9/20/2010


Signature of a member or authorized representative of a member

ANNA WOLFE
Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
19 OCT -6 PM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L10000097937
FILED 8:00 AM
September 20, 2010
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
ONYX AUTOMOTIVES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
13757 49TH ST N UNIT A-7
CLEARWATER, FL. 33762

The mailing address of the Limited Liability Company is:
13757 49TH ST N UNIT A-7
CLEARWATER, FL. 33762

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
ANNA WOLFE
2904 LICHEN LN
B
CLEARWATER, FL. 33760

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ANNA WOLFE

Article V

L10000097937
FILED 8:00 AM
September 20, 2010
Sec. Of State
nculligan

The name and address of managing members/managers are:

Title: P
ANNA WOLFE
2904 LICHEN LN
CLEARWATER, FL. 33760

Article VI

The effective date for this Limited Liability Company shall be:

10/01/2010

Signature of member or an authorized representative of a member

Signature: ANNA WOLFE