

L10 0000 99 402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

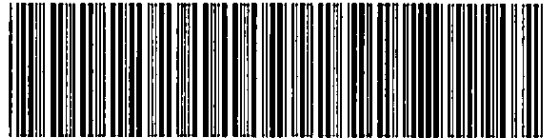
(Business Entity Name)

(Document Number)

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11/15/19--01014--003 \*\*25.00

R. WHITE

FEB 04 2020

2020 FEB 03 PM 1:08

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Black Onyx World  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rochele Graham-Campbell  
Name of Person

Black Onyx World LLC  
Firm/Company

5891 Cantry Lakes Dr  
Address

Et myer FL 33905  
City/State and Zip Code

rochele @blackonyxworld.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rochele Graham-Campbell at (239) 243-0510  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 22, 2020

ROCHELLE GRAHAM-CAMPBELL  
5891 COUNTY LAKES DR  
FT MEYERS, FL 33905

SUBJECT: BLACK ONYX WORLD LLC  
Ref. Number: L10000099402

We have received your document for BLACK ONYX WORLD LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 020A00001546

2020 FEB -3 PM 1:35

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2020 FEB -3 PM 1:08

Black Onyx World 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 09/23/2010 and assigned  
Florida document number L10000099402

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:

Rachelle Graham-Campbell

New Registered Office Address:

5891 Country Lakes Dr

Enter Florida street address

Fort Myers

Florida

33505

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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**


**AMBR = Authorized Member**

[illegible]

[illegible]

(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)

Dated January 28<sup>th</sup> 2020

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Rochelle Graham-Campbell  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**