

# L11000014603

Florida Department of State  
Division of Corporations  
Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : GOLDEN ONYX LLC  
Account Number : I20130000008  
Phone : (954) 272-8563  
Fax Number : (888) 308-9722

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address: paz@paztax.com**

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE GOLDEN ONYX LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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14 MAR 31 AM 6:58  
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TALLAHASSEE, FLORIDA

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2014 MAR 31 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 01 2014  
D. BRUCE

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE GOLDEN ONYX 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:

Paz Shoham, EA

Name of Person

Golden Onyx LLC

Firm/Company

75 EAST END AVE APT 4F

Address

NY, NY 10028

City/State and Zip Code

paz@paztax.com

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

For further information concerning this matter, please call:

Paz Shoham, EA

Name of Person

at 954 272-8563

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 32314STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE GOLDEN ONYX 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 02/02/2011 and assigned  
Florida document number L11000014603

This amendment is submitted to amend the following:

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

Paz Tax LLC

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)

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

City, Florida

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2014 MAR 31 AM 10:30  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**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

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

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

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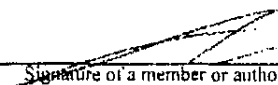
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 30, 2014

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

PAZ SHOHAM, Manager-Member

\_\_\_\_\_  
Typed or printed name of signer

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Filing Fee: \$25.00

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