

L13000059147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

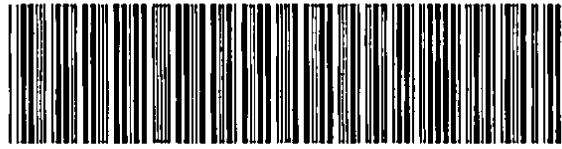
(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2017

JEAN PEREZ
2350 N UNIVERSITY DR
UNIT 849026
PEMBROKE PINES, FL 33084

SUBJECT: ONYX PROTECTIVE SERVICES, LLC
Ref. Number: L13000059147

We have received your document for ONYX PROTECTIVE SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 317A00025723

RECEIVED
JAN 19 2018

COVER LETTER

**O: Registration Section
Division of Corporations**

ONXX PROTECTIVE SERVICES, LLC

OBJECT: _____
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:

MICHELLE HUNTER

Name of Person

ONXX PROECTIVE SERVICES, LLC

Firm/Company

2350 NORTH UNIVERSITY DRIVE, UNIT#849026

Address

PEMBROKE PINES, FL 33084

City/State and Zip Code

MHUNTER.OPS@GMAIL.COM

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

For further information concerning this matter, please call:

MICHELLE HUNTER at (954) 200-4621

Name of Person 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|--------------------------|---|
| MGR | JEAN PEREZ | 2350 N. UNIVERSITY DRIVE | <input checked="" type="checkbox"/> Add |
| | | UNIT#849026 | <input type="checkbox"/> Remove |
| | | PEMBROKE PINES, FL 33084 | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Multiple horizontal lines for amending information.

18 JAN 19 PM 5:10

Effective date, if other than the date of filing: N/A (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

) The 90th day after the record is filed.

Dated JANUARY 18TH, 2018

Jephthe Joseph

Signature of a member or authorized representative of a member

JEPHTE JOSEPH

Typed or printed name of signee