

06/29/16 10:37 AM

Jelen Accounting Services, Inc.

305-591-9167

p.01

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:

Account Name : JELEN ACCOUNTING SERVICES, INC
Account Number : 120120000052
Phone : (305)591-9180
Fax Number : (305)591-9167

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

Email Address: info@JelenAccounting.com

2016 JUN 29 AM 11:09

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ONYX SIGNATURE GYM LLC

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K. SALY
EXAMINER

JUN 30

06/29/16 10:37AM

Jelen Accounting Services Inc

305-591-9167

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

p.02
FILED
2016 JUN 29 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ONYX SIGNATURE GYM 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 01/25/2016 and assigned
Florida document number L16000015414

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:

New Registered Office Address:

Enter Florida street address

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

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>
AMBR	POLO, MEMOY	8933 NW 107 COURT UNIT 205	☐ Add
		DORAL FL 33178	☒ Remove
			☐ Change
AMBR	MANUEL J ESCOTET R	11376 NW 68 STREET	☒ Add
		DORAL FL 33178	☐ Remove
			☐ Change
AMBR	MANUESEBASTIAN ESCOTET	11376 NW 68 STREET	☒ Add
		DORAL FL 33178	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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 BY 60322

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Jelen Accounting Services Inc

305-591-9167

p.04

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

MANUEL SEBASTIAN ESCOTET 51%

MANUEL J ESCOTET R 30%

ESCOTET, MARIA J 19%

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 06-14-2016 (optional)

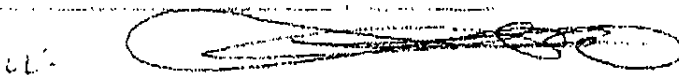
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing (Pursuant to 69F.0701(2)(b))

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated: 06-14

2016



Signature of a member or authorized representative of a member

MARIA JULIA ESCOTET

Typed or printed name of signer