

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L16000015414

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To: 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

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2017 JUN 20 AM 8:51
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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J. HARRIS

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June 20, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ONYX SIGNATURE GYM LLC
2600 NW 87 AVENUE
25
DORAL, FL 33172

SUBJECT: ONYX SIGNATURE GYM LLC
REF: L16000015414

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H17000162872
Letter Number: 317A00012428

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2017 JUN 20 AM 8:51
DIVISION OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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 L16 000015414

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:

DEIMER J BARROSO LOZADA

New Registered Office Address:

2600 NW 87 AVENUE UNIT 25

Enter Florida street address

DORAL

Florida 33172

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 certify 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	MARIA J ESCOTET	11376 NW 68 ST	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MANUEL J ESCOTET R	11376 NW 68 ST	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MANUEL SEBASTIAN ESCOTE	11376 NW 68 ST	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DEIMER J BARROSO LOZADA	2600 NW 87 AVENUE UNIT 25	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

I specify a delayed effective date, but not an effective time, at 12:01 a.m. on the eighth day after the record is filed.

13 _____ 2017 _____

Signature of a member or authorized representative of a member

MANUEL J ESCOTET R

Typed or printed name of signer

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MANUEL J ESCOTET R

Typed or printed name of signer

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