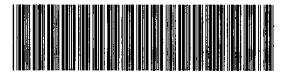
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COVER LETTER

	gistration Se vision of Cor				
eup iece.	ONYX BU	S, LLC			
SUBJECT		Name of Lim	ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		Augusto Ferreira			
			Name of Person	 	•
	Central Florida Forms Service Inc				
Firm/Company			•		
	185 S Westmonte Dr Suite 1216				
			Address	 , , ,	•
		Altamonte Springs, FL 32	714		SE SE
City/State and Zip Code			. T.S		
		centralfloridaforms@gmail	.com to be used for future annual report notifie	cation)	SS T
For further	information co	oncerning this matter, please c			5 B
Augusto Fo	erreira		407 786-6400 at ()	,	FI 4: 02
	Name o	f Person		Telephone Number	<u> </u>
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ONYX BUS, LLC		
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited I Florida document number L16000078085	Liability Company,were filed on	04/20/2016	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the		the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	<u></u>	
Principal office address MUST BE A STRE	ET ADDRESS)		-
Enter new mailing address, if applicable:			FIL MAY -5
Mailing address MAY BE A POST OFFICE	F ROX)		
Manning wantess MATA BEATA OST STATES.			
			02 EM
B. If amending the registered agent and registered agent and/or the new registered of		on our records, <u>ente</u>	r the name of the s
Name of New Registered Agent:	CARLOS RENATO LEITE S	BEIXAS	
New Registered Office Address:	4605 GATE PLACE		
	Enter	Florida street address	
	ORLANDO	, Florida _	32811
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	CARLOS RENATO L SEIXAL	4605 GATE PLACE	Add
		ORLANDO FL 32811	■ Remove
			☐ Change
MGRM	CARLOS RENATO L SEIXAS	4605 GATE PLACE	■ Add
		ORLANDO FL 32811	Remove
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ffec	tive date, if other than the date of filing:
an e	ffective 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 605.00. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocur	nent's effective date on the Department of State's records.
e re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	e 90th day after the record is filed.
ated	l·,·,
	Signature of a member or authorized representative of a member
	US 1. 1. M

Page 3 of 3

Filing Fee: \$25.00