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S. WARREN 0CT 2 7 2017.

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Division of Cor	porations	$\epsilon = 2 + \epsilon$	
SUBJECT:	VYX SPORTS Name of Lim	Bar & Lounge of ited Liability Company	lic
	Registration Section Division of Corporations T: DNYX Sports Bar & Lounge LLC Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. arm all correspondence concerning this matter to the following: ANTIONE D. GARY Name of Person ONYX Sports Bar & Lounge LLC Firm/Company Start Souries Bar & Loun		
Please return all correspo	ndence concerning this matter	to the following:	
	ANTION	E D GARY	
		Name of Person	
	ONYX	SpORTS BAR &	laurae LCC
		Firm/Company	
	JACKSONVI	118 FLORIDA	32208.
		City/State and Zip Code	
	Madison. So	WARE(a) COM COUST, NEZ	viitigatius)
			uncauon)
1			
ANTIONE	D. GRAY	at (904) 23	3-24 9 9.
Name o	f Person	Area Code Dayt	me Telephone Number
Enclosed is a check for th	e 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

DEPT OF STATE

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Name of the Limited Liability Company as it now appears on our records.

(A Florida Limite	ed Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability 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)		
Maning uddress MAIT BEAT OST OFFICE BOAY		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our reco	
	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		, Florida
	·	Zip Code
New Registered Agent's Signature, if changing Registered Ager		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple	• •	
accent the obligations of my position as registered agent a		

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or fifthis accument 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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
7_	STAN ley C. Herley	JACKSUNVIlle FL 32208.	□ Add
		JACKSUNVIlle FL 32208.	_B Remove
			Change
			Add
			□ Remove
			Change
			□ Add
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			_□ Change
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			_□ -© hange ○C
		15.1 10.1 10.1 10.1 10.1 10.1 10.1	
			A Remove

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
• —		
		
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(If an effect Note: If	e date, if other than the date of filing: 15/16/2017 (optional) ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at i's effective date on the Department of State's records.	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.	of:
(b) The 9	Oth day after the record is filed.	of:
(b) The 9		of:
(b) The 9	Oth day after the record is filed. 10 10	of:
(b) The 9	Oth day after the record is filed. 10 10	of:
(b) The 9	Oth day after the record is filed. 10 10	of:

Filing Fee: \$25.00