418000011694

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| <i>\$</i> } |
| 6 1/2 3 |

Office Use Only



900319873749

12/19/18--01015--001 **25.00

SECRETARY OF STATE

2018 DEC 19 AM 11:5

COVER LETTER

j

TO:

Registration Section

| Div | ision of Cor | porations | | |
|----------------|------------------------------|--|--|---|
| | Onyx Deve | elopment, LLC | | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| The enclosed | Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ondence concerning this matter | to the following: | |
| | · | Hemang Shah | · | |
| | | 7711 N Military Trail | Name of Person | |
| | | Suite 218 | Firm/Company | |
| | | West Palm Beach | Address | |
| | | Florida 33410 | City/State and Zip Code | |
| For further in | nformation c | E-mail address: (| to be used for future annual report not all: | ification) |
| Hemang Sh | | • | 561 385 7515 at () | |
| | Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a | check for th | ne following amount: | | |
| ■ \$25.00 F | iling Fee | □ \$30,00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Registr Divisio P.O. B | ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314 | STREET/COUR Registration Secti Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3 | on orations Tenter Circle |



December 6, 2018

Hemang Shah 7711 N. Military Trail Suite 218 W. Palm Beach, FL 33410

SUBJECT: ONYX DEVELOPMENT, LLC

Ref. Number: L18000011694

We have received your document for ONYX DEVELOPMENT, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 018A00025108

Lyn Shoffstall Bureau Chief

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 DEC 19 AMII: 54

| Onyx Development, LLC | | | SECRETARY OF STATE |
|---|---|---|-----------------------------|
| (<u>Name of the Limited I</u> (A I | <u>iability Compa</u> Torida Limited I | ny as it now appears on our records.) Liability Company) | TALI AHASSEE, FL |
| The Articles of Organization for this Limited Liabil Florida document number L18000011694 | lity Company | were filed on January 12, 2018 | and assigned |
| This amendment is submitted to amend the following | ng: | | |
| A. If amending name, enter the new name of the | e limited liab | ility company here: | |
| not applicable | | | |
| The new name must be distinguishable and contain the words | "Limited Liabi | lity Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 7711 N Military Trail | |
| | | Suite 218 | |
| | | West Palm Beach, FL 33410 | |
| Enter new mailing address, if applicable: | | 7711 N Military Trail | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Suite 218 | |
| | | West Palm Beach, FL 33410 | |
| Name of New Registered Agent. | address her | <u>e</u> : | enter the name of the new |
| | | Enter Florida street address | |

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.

City

West Palm Beach

If Changing Registered Agent, Signature of New Registered Agent

. Florida <u>33410</u>

Zip Code

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> | Address | Type of Action |
|--------------|---------------|---------------------------------|----------------|
| Mgr | Stuart Hankin | | |
| | | 7741 N Military Trail, #1, Palm | Add |
| | | Beach Gardens, FL 33410 | _ ■ Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
| | | | Change |
| | | | □ Add |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | ☐ Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
| | | | ☐ Change |

| V | We are changing the registered agent as Hemang Shah and also the MGR with change in address |
|-----------|---|
| - | |
| ~ | |
| _ | |
| _ | |
| | |
| - | |
| - | - , |
| _ | |
| _ | |
| | |
| - | |
| - | |
| - | |
| _ | |
| | |
| - | |
| - | |
| _ | |
| | |
| e. | ive date, if other than the date of filing: |
| rec he | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| ed | Mor 30 2018. Oleman Ml |
| | Memory Ml |
| | Signature of a member or authorized representative of a member |
| | HEMA-W 6 SHAPH Typed or printed name of signee |
| | |

Page 3 of 3

Filing Fee: \$25.00