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COVER LETTER

SUBJECT: The Onix Capital Group: Business Management + Cor	nsulting LL
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Anglade Benoit Name of Person The Onix Capital (France)	
The Onix Capilol Group Firm/Company 6919 W Broward Blud Suite 112 Address	
Plantation, FL 33317 City/State and Zip Code	20 1
E-mail address: (to b) used for future annual report notification) For further information concerning this matter, please call:	SEP-6
Anglade Benoit at (954) 851 - 4512 Name of Person Area Code Daytime Telephone Number	PH - TZ
Enclosed is a check for the following amount:	
S25.00 Filing Fee Scrifficate of Status S25.00 Filing Fee Scrifficate of Status S25.00 Filing Fee Scrifficate of Status S25.00 Filing Fee Scriffied Copy (additional copy is enclosed) S25.00 Filing Fee Scriffied Copy (ad	Status & oy

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

The Onix Capital Group: Business Management + Consulting LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number <u>L1800016027</u>	<u> </u>	
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the l	mending name, enter the new name of the limited liability company here: name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." new principal offices address, if applicable: ipal office address MUST BE A STREET ADDRESS) new mailing address, if applicable:	
The new name must be distinguishable and contain the words "I	nited 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 AD		_
		ri.
	SE S	-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7-1
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B. If amending the registered agent and/or re	stered office address on our records, enter the name of the dress here:	new
B. If amending the registered agent and/or re		new
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:		new
B. If amending the registered agent and/or re registered agent and/or the new registered office a		new
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:	Enter Florida street address	new
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florida City Zip Code	new
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:	Enter Florida street address , Florida City Zip Code	new

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>	Address	Type of Action
AMBR	Lucsond Dumas	6919 w Broward Bird.	🗆 Add
		Plantation, FL 33317 U.S.	Dr Remove
			Change
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If an effective <u>Note:</u> If the	ate, if other than the da date is listed, the date must be date inserted in this block effective date on the Depa	specific and cannot does not meet the	be prior to date of f e applicable statut	iling or more than 90 da		
	specifies a delayed e h day after the record		but not an effe	ective time, at 12	2:01 a.m. on ti	ne earlier of
Dated 9	14/2018 Anglade si	Berte	:56 AM	esentative of a member		
	/ (J ³¹)	pianuic va a membel	от авинитися герп	comacise or a memora		

Page 3 of 3

Filing Fee: \$25.00