

From:
Division of Corporations

03/08/2019 11:38

#867 P.001/004

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L18000283719

Florida Department of State
Division of Corporations
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((H19000079177 3)))



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Email Address: Samect@onyxhospitality.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ONYX TRU SOUTHAVEN LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 MAR - 8 PM 2:56

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Electronic Filing Menu

Corporate Filing Menu

Help

From:

03/08/2019 11:41

#867 P002/004

(((H19000079177 3)))
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
19 MAR -8 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

ONYX TRU SOUTHAVEN, 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 12/10/2018 and assigned
Florida document number L18000283719.

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:

New Registered Office Address:

Enter Florida street address

Florida

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

From:

03/08/2019 11:42

#887 P.003/004

((H19000079177 3)))

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>
MGR	SAMEET PATEL	551 NW 77TH ST	<input type="checkbox"/> Add
		STE 108	<input checked="" type="checkbox"/> Remove
		BOCA RATON, FL 33487	<input type="checkbox"/> Change
MGR	ONYX TRU SOUTHAVEN HOLDINGS, LLC	551 NW 77TH ST	<input checked="" type="checkbox"/> Add
		STE 108	<input type="checkbox"/> Remove
		BOCA RATON, FL 33487	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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(b) The 90th day after the record is filed.

Walter

Typed or printed name of signee