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From:

2

Account Name : LATHAM, SHUKER, EDEN & BEAUDINE, LLP

Account Number : I20000000025

Phone

: (407)481-5800

Fax Number

: (407)481-5801

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \checkmark

Email Address: sameet@onyxhospitality.com

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Corporate Filing Menu

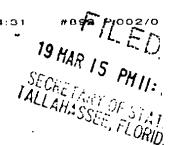
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03/15/2019 14:31

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ARTICLES OF AMENDMENT
TO

ARTICLES OF ORGANIZATION
OF



ONYX TRU SOUTHAVEN LLC		Í.
(Name of the Limited Liab (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L18000283719</u>	Company were filed on 12/10/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
ONYX SOUTHAVEN LLC		
The new name must be distinguishable and contain the words "L	imited 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)	DRESS)	
		,
Enter new mailing address, if applicable:		·
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ac		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address: Enter Florida street address		
	, Florie	la
	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

Page 1 of 3

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☐ Change

MGR = Manager

(((H19000088540 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

AMBR =	Authorized Member	mber		
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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f amending any other informat	(((H19000088540 3))) ion, enter change(s) here: (Attach addition	nal sheets, if necessary.)
<u> </u>		
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		SEC 24 11: 38.
		
an effective date is listed, the case must	date of filing: be specific and cannot be prior to date of filing or mock does not meet the applicable statutory filing partment of State's records.	ite ilian 90 days alter timig.) Fulscain to 603.0207 (.
e record specifies a delayed The 90th day after the reco	effective date, but not an effective ti rd is filed.	me, at 12:01 a.m. on the earlier of:
MARCH 14	2019	
ancu	,	
Malle	signature of a member or authorized representative of	
	fignature of a member or authorized representative of	of a member
SAMEET PATEL		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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