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TECHROPOER

COVER LETTER

Division of Coi	porations		
NYX LLC SUBJECT:			
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter	-	
·	STEPHEN MUNIVE		
		Name of Person	
		Firm/Company	
	1700 E. SUNRISE BLVD	APT 1302	
		Address	
	FORT LAUDERDALE, F	L 33304	
	leo@nyxfitness.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
STEPHEN MUNIVE		954 549-3528	
Name o	f`Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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:

TO:

Registration Section

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

RECTIVED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NYX LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ry as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number 1.19000022154	were filed on 01/22/2019 and assign	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability".	ty Company," the designation "LLC" or the abbreviation "L.L.C	c
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	19 1-19	-
Enter new mailing address, if applicable:		i
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
New Books and Association of the Company of the Com	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with a rovided for in Chapter 605, F.S. Or, if this docum	and ent is

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>	<u>Address</u>	Type of Action
MGR	STEPHEN MUNIVE	1700 E. SUNRISE BLVD APT 1302	_
		FT LAUDERDALE, FL 33304	□ Remove
			□ Change
			☐ Remove
			Change
			Add
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the appl	icable statutory filing r	than 90 days after requirements, this	filing.) P date wi	ursuant i II not b	to 605.020 to listed a
e record specifies a delaye The 90th day after the rec		ot an effective tim	ne, at 12:01 a	.m. or	ı the e	≥arlier d
July 11 Dated	2019	·				
		/ horized representative of				

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Filing Fee: \$25.00