L20000 220207

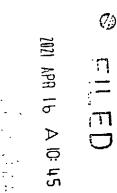
(Danuarhada Mana)	.
(Requestor's Name)	
(Address)	
(Address)	`
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



900363983049

04/16/21--01011--003 **30.00



S.C.

COVER LETTER

1		COVERLETTER	
TO: Registration Se Division of Cor			
SUBJECT:	Onyx Cleaning Name of Lie	Pros LLC mited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
		ourther Bond Name of Person	
		Onyx (Iconing Pros Firm/Company	
	250	O State Road 44 Apt Address	J308
		Smyrna Beach FL, 32 City State and Zip Code	
	E-mail address:	owtray xx3@ gmail. Co	tion)
For further information c	oncerning this matter, please	call:	
Courtney Name o	Bond f Person	at (<u>386</u>) <u>444-</u> Area Code Daytime To	9257 elephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Status & Contificate of Status & Certified Copy (additional copy is sectional)
			1 APR 16
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corpoon The Centre of Tall	on > \frac{1}{\text{\$\sigma}}

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Onyx	Cleaning	Pras	LLC		
(<u>Name of the Edmited L</u> (A F	iability Compan lorida Limited Li	y as it now app ability Company	ears on our records ()	<u>i.</u>)	
The Articles of Organization for this Limited Liabil	lity Company w	vere filed on	7-77-70)	_ and assigned
Florida document number <u>L20000320207</u>	·				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabil	ity company	here:		
The new name must be distinguishable and contain the words	"Limited Liabilit	y Company," th	e designation "LLC"	or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	DDRESS)				
Enter new mailing address, if applicable:					
<u>(Mailing address MAY BE A POST OFFICE BO)</u>	<u>X)</u>				
B. If amending the registered agent and/or regis	stared office ed	dress on our	rocords antoni	the name o	f tha now wasistawa
agent and/or the new registered office address he		uress on our	records, enter t	ne name o	the new registered
Name of New Registered Agent:					
New Registered Office Address:					
		Enter F	lorida street address		_
_			, Flo	rida	
N B to the day of the box		City		021	Zip Code
New Registered Agent's Signature, if changing Regis				APR	i
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regi	nd complete p ed agent as pr stered office a	erformance ovided for ir	of my duties, and Chapter 605, F	d I am fam. F.S. Or. i ∫ s	iliar with and his do <mark>cum</mark> ent is
company has been notified in writing of this cha	nge.			- t2	I

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Courtney Bond	2500 State Road 44	□Add
	•	New Smyrna Beach FL 3311	6€ ⊠Remove
		·	□ Change
			🗆 Add
			□Remove
			□Change
	·		🗆 Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	©Change
<u></u>		· · · · · · · · · · · · · · · · · · ·	
			□ Remove
			□Change

bu ser	<u>\$iness</u>	Falls					<u> </u>	00.0	11000	112
<u>ser</u>		<u> </u>	Will	dermi	n+h_	and	Courtney Nicola	Rouse	ابها	11 bc
	haining	en-	_ cs	ow	ners.		10:2018		·	
								_		
										
		 -			<u> </u>					
				_						
					<u> </u>					
				· · · · · ·			<u> </u>			
	_	<u> </u>			<u>-</u>				·	
				_						
						-				
			·							
			_							· · · · · · · · · · · · · · · · · · ·
	<u>.</u>		·			 -		 _		
fective If the	date is liste date inse	ner than took the date in this date on the	must be spec block doe	cific and es not n	cannot b	applical	odate of filing or n ble statutory filin	ore than 90 day	(optional) vs after filing ts, this date	Pursuant to 6
rd spe iled.	cifies a de	layed effec	tive date,	but not	an effec	ctive tim	ne, at 12:01 a.m.	on the earlier	of: (b) Th	ne 90th day af
/31	1/61	100	1							2021
<u> ()</u> i	1/01	-1-Q()	1		,		-· /		; -	APR
_		E	L/0	W	M	1			· ·	. 5
-			Signatu	re of a n	nember o	r author	ized representative	of a member	-	D (

•