

L23000092441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

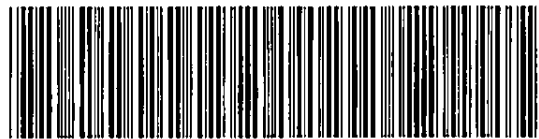
(Business Entity Name)

(Document Number)

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GreenspoonMarder

From the desk of: Holly Hughes
Capital Plaza I, Suite 500
201 East Pine Street
Orlando, Florida 32801-2718
Phone: 407.425.6559
Fax: 407.422.6583
Email: holly.hughes@gmlaw.com

March 9, 2023

VIA REGULAR MAIL TO:

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: Onyx Saint Cloud Apartments LLC

To whom it may concern:

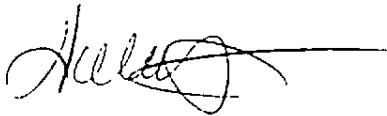
Enclosed please find the following items in connection with above:

1. Articles of Amendment to Articles of Organization; and
2. Check No. 41421 in the amount of \$25.00(Filing Fee)

Contact our office if you have any questions.

Very truly yours,

GREENSPOON MARDER LLP



Holly Hughes

Enclosure(s)

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2023 MAR 13 AM 11:36
TALLAHASSEE, FL
STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Onyx Saint Cloud Apartments LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Candiotti

Name of Person

Greenspoon Marder LLP

Firm/Company

201 East Pine Street Suite 500

Address

Orlando, FL 32801

City/State and Zip Code

holly.hughes@gmlaw.com

E-mail address: (to be used for future annual report notification)

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2023 MAR 13 AM 11:36
CLERK OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Michael Candiotti

407 425-6559

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Onyx Saint Cloud Apartments 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 02/21/2023 and assigned
Florida document number L23000092441.

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

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	Venkata Kiran Kali	10203 Henbury St Orlando, FL 32832	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2023 MAR 18 AM 10 36
CLERK OF DISTRICT COURT
STATE OF FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 7, 2023

White

Sameet Patel

Typed or printed name of signee

FILED
2023 MAR 13 AM 11:36
TALLAHASSEE FL
CLERK OF DISTRICT COURT

Filing Fee: \$25.00