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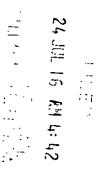
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COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	Onyx 7214 Name of Limi	LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Tyler T	W bodeau Name of Person	
		214 LL C	
		Pepper Tree Ly Address	
	Lutz, FL	. 33548 City/State and Zip Code	
	E-mail address: (a	City/State and Zip Code Wer Conyx + cmpa o be used for future annual report noti	Com fication)
For further information of	concerning this matter, please ca	ill:	
Tyler 1	The bodew	at (571) 318 · Area Code Daytim	0796 e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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 Addre Registration		Street Address: Registration Sec	ction

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

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 7214,	LLC	
(Name of the Elmited Liability Compa (A Florida Limited)	iny as it now appears on our recordiability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L240000 79070</u>	were filed on 2 · 13	2 · 2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	allity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	or the abbreviation "L.IC."
Enter new principal offices address, if applicable:	17908 Pepper	Free Lni
(Principal office address MUST BE A STREET ADDRESS)	Lutz, FL	
Enter new mailing address, if applicable:	33548 17908 Pepper	Tree-Ln=
(Mailing address MAY BE A POST OFFICE BOX)	33548	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	SS
	Fl	lorida
	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 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>	Address	Type of Action
AP	David Pooling	2206 N Central Ave	□Add
	·	2206 N Central Ave Tampa, FL 33602	ERemove
		33602	□Change
			□Add
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document's e	ffective date on	the Department	of State's rec	ords.			
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record speci d is filed.	nes a delayed et	nective date, but	t not an effect	ive time, at 123	or a.m. on the ca	merol. (o)	he 90th day after th
	- C 14 - 4	_	•				
Dated the	26" of	June	20:	<u> 24</u> .			
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		Signature	af a member as	authorized rente	sentative of a men	ober 0	<u> </u>
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Filing Fee: \$25.00