

P2410001654117

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(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.

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RECEIVED

2024 OCT 17 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 OCT 17 PM 1:23

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$25.00

Authorization Signature: James Fullin

ONYX PROTECTIVE GROUP LLC L24000168417

Business name Document #

☐ Walk in

☐ Will wait

☐ Certified Copies of the Articles of Organization

☐ Certificate of Status

### NEW FILINGS

☐ Profit

☐ Not for Profit

☐ LLC

☐ Domestication

☐ INC

☒ CORP

☐ OTHER

### AMENDMENTS

☒ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Conversion

☐ Statement of FACT

☐ Merger

### OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ Statement of Authority

☐ APOSTIL \_\_\_\_\_

COUNTRY

### REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Partnership

☐ Reinstatement

☐ CORRECTION for a Foreign LLC

☐ Domestication of a Foreign Corp.

\_\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ONYX PROTECTIVE GROUP 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:

ALVARO A. ACEVEDO

\_\_\_\_\_  
Name of Person

BRICKELL LAW GROUP

\_\_\_\_\_  
Firm/Company

1395 BRICKELL AVENUE STE 800

\_\_\_\_\_  
Address

MIAMI, FL 33131

\_\_\_\_\_  
City/State and Zip Code

al@lawyercpa.com

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

For further information concerning this matter, please call:

Alvaro A Acevedo

305 517-3457  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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 PROTECTIVE GROUP 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 03/06/2024 and assigned  
Florida document number L24000168417.

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**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

The EIN # is 45-4287352

Please update the EIN of the Company in the Public Records.

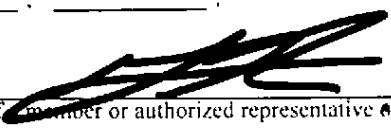
**E. Effective date, if other than the date of filing:** 10/16/24 **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 16, 2024

  
\_\_\_\_\_  
Signature of member or authorized representative of a member

JAVIER ROCHA

\_\_\_\_\_  
Typed or printed name of signer