

SEP 29 2016/THU 01:23 PM

SEP 29 2016

FAX No.

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ONYX CONDO LLC

Certificate of Status	0
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2016 SEP 29 PM 12:42

TALLAHASSEE, FLORIDA

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Corporate Filing Menu

SEP 30 2016

Y SULKER Help

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ONYX CONDO LLC

Enter new principal office 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

2. The Florida document number of this limited liability company is: M16000003390

3. Jurisdiction of its organization: 04/22/2016

4. Date authorized to do business in Florida: UPON QUALIFICATION

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "L.L.C.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 603.0902 (1)(e), indicate that change:

THE CHANGE IS FOR THE MGR'S NAME: HORTENSIA RODRIGUEZ

Title/ Capacity	Name	Address	Type of Action
MGR	HORTENSIA IGLESIAS	999 PONCE DE LEON BLVD STE 1135	<input type="checkbox"/> Add

CORAL GABLES, FL 33134

☒ Remove

MGR	HORTENSIA RODRIGUEZ	999 PONCE DE LEON BLVD STE 1135	<input checked="" type="checkbox"/> Add
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CORAL GABLES, FL 33134

☐ Remove

			<input type="checkbox"/> Add
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☐ Remove

			<input type="checkbox"/> Add
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

X Hortensia Rodriguez
Signature of the authorized representative

HORTENSIA RODRIGUEZ

Typed or printed name of signer