P14000005091

(Re	questor's Name)	. "
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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14 FEB -7 PM 2: 32

C. LEWIS
FEB 11 2014
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ONYX DIA DOCUMENT NUMBER: P14000056		OBAL INC			
The enclosed Articles of Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this matter to the following:					
DAVID EDERY					
ONYX DIAMONDS GLOBAL INC					
Firm/ Company 2452 SEAFORD DR					
WELLINGTON FL 33414					
	City/ State and Zip Cod	e			
JOANNE@JFARRARCPA.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
JOANNE FARRAR	at (561	790-2092			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations				

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

APPROVED / ND F1 ED

Articles of Amendment to **Articles of Incorporation**

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ONYX DIAMONDS GLOBAL INC

(Name of Corporation as currently filed with the Florida Dept, of State)

P14000005091

(Document Number of Corporation (if known)

mendment(s) to

	the corporation:		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	'Corp," "Inc," or "Co". A profession	"incorporated" or the abbro	
B. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>E BOX</u>)		
D. If amending the registered agent and/or re- new registered agent and/or the new regist		er the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		_, Florida(Zip Code)	

. If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	DAVID EDERY	2452 SEAFORD DRIVE
Add			WELLINGTON, FL 33414
Remove			
2) Change			<u> </u>
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if nece	essary). (Be spec	ific)		
<u> </u>	<u> </u>	·		
		<u> </u>		
			i.	

amendment provides for	an exchange, recl	assification, or	cancellation of iss	ued shares,
visions for implementing ((if not applicable, indicate	the amendment if	not contained li	the amendment	<u>itself:</u>
(5 , , ,	,,			
		<u> </u>		
		•		



The date of each amendment(s) adoption: 01/29/14	14 FEB -7 PM 2: 32	, if other than th
date this document was signed.	SECRETARY OF STATE	
Effective date if applicable:		<u> </u>
	90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	ne number of votes cast for the amen	dment(s)
The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to		
"The number of votes cast for the amendment(s) was/w	ere sufficient for approval	
by(voting group)		
(voting group)		
The amendment(s) was/were adopted by the board of director action was not required.	rs without shareholder action and sha	ıreholder
The amendment(s) was/were adopted by the incorporators wi action was not required.	thout shareholder action and shareho	older
Dated 2/1/14		
Signature / Shim	- Zly	
(By a director, president or other of	ficer – if directors or officers have no he hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary		iei couit
	nEdry	
	printed name of person signing)	
- -	ident	
(ገ	itle of person signing)	