550225

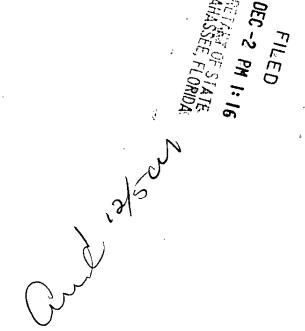
	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
•	(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Onix Optical Center, Inc.
DOCUMENT NUMBER: S 50225
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sully M. Mayorga Name of Contact Person Onix Optical Center, Inc. Firm/Company 1550 W 84 St. Suite 15 Address Hialeah, FL 33014 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sully M. Mayorga at 305, 824-1448
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



November 22, 2011

SULLY MAYORGA 1550 W 84 ST., STE 15 HIALEAH, FL 33014

SUBJECT: ONIX OPTICAL CENTERS, INC.

Ref. Number: S50225

We have received your document for ONIX OPTICAL CENTERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 311A00026442

Carol Mustain Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation

of	
Onix Optical Cente	r Inc
(Name of Corporation as currently filed with the Flor	ida Dept. of State)
<u> </u>	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this amendment(s) to its Articles of Incorporation:	Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "corporate abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "name must contain the word "chartered," "professional association," or	Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	7
(Principal office address MUST BE A STREET ADDRESS)	TAL SE
•	LAN
•	To the state of th
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	m N
(Maning duaress MAT BE A POST OFFICE BOX)	77
-	
_	
D. If amending the registered agent and/or registered office address	; s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent: SULLIM. Mayo	rga
16621 NW 73	Ave
(Florida street	address)
New Registered Office Address: Miami	, Florida 33014
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.
July)	M/ayoux
Signature of New Registered Age	nt, I changing J
1	

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	,	Name		Address
1) <u>Pre</u> sided	•	Sully M May	orga	16621 NW 73 Ave Miami, FL 33014
2) Secreta	ry	Lucelina Mayor	ga <u>r</u> .	16621 NW 73 Ave. Miami FL 33014
3)			·····	
4)				
5)				
6)			·	
If REMOVING	an office	r and/or director, please list	the title(s) and	I name of the officer/director to be removed:
Title(s)	<u>Name</u>		Title(s)	<u>Name</u>
1)			4)	***************************************
2)			5)	

f amending or adding additional Arti utach additional sheets, if necessary).	(Be specific)			
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	dment provides for an exchange, reclassification, or cancellation of issued shares, for iniplementing the amendment if not contained in the amendment itself:
	pplicable, indicate N/A)
	<u> </u>
<u></u>	
	$\lambda \lambda \lambda \lambda \lambda$
he date of eacl	h amendment(s) adoption:
ffective date <u>if</u>	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
doption of An	nendment(s) (CHECK ONE)
(
The amendme	ent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)
by the sharer	nolders was/were sufficient for approval.
The amendme	ent(s) was/were approved by the shareholders through voting groups. The following statement
	rately provided for each voting group entitled to vote separately on the amendment(s):
"The m	imber of votes cast for the amendment(s) was/were sufficient for approval
	•••
by	(voting group)
	(voting group)
The amendme	ent(s) was/were adopted by the board of directors without shareholder action and shareholder
action was no	of required.
_	
	ent(s) was/were adopted by the incorporators without shareholder action and shareholder
action was no	required.
	Dated
	Max Manager
	Signature The direction of the officer of directors on officer by
	(By a director, president or other officer of directors or officers have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court
	appointed fiduciary by that fiduciary)
	(,,,,,,,,
	Solly M Mayorga
	(Typed or printed name of person signing)
	\mathbb{D}_{+}
	tresident
	(Title of person signing)