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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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A. BUTLER DEC - 7 2022

COVER LETTER

Division of Corporations LA ONDA ENTERPRISES LLC SUBJECT: _____ 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: FRIAS FELIPE Name of Person LA ONDA ENTERPRISES LLC Firm/Company 37518 LOCK ST Address Dade City, FL 33523 City/State and Zip Code DELCARMEN97@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: EVA M RUIZ 813 862-6381 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. **■** \$30.00 Filing Fee & □ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

F1: 20

Zip Code

2022 00-

LA ONDA ENTERPRISES LLC

I'M CHANGE THE MISES THE	2026 SEP 12 mil	
(Name of the Limit	ted Liability Company as it now appears on our records.)	
	(A Florida Limited Liability Company)	
	01/21/2005 WLLAW 25577=	
he Articles of Organization for this Limited L		
lorida document number		
iorida document namoci	·	
his amendment is submitted to amend the foll	owing:	
. If amending name, enter the new name of the limited liability company here:		
he new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Inter new principal offices address, if applic	cable:	
Principal office address MUST BE A STREE	ET ADDRESS)	
nter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	
	1 1 5°° 11	
0 0	registered office address on our records, enter the name of the new registe	
gent and/or the new registered office addre	ss nere:	
Name of New Registered Agent:	MARIA DEL CARMEN ARRIAGA FRIAS	
Manie of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	Florida	

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.

City

Moua Vol Cormon Arriaga Fria F If Changing Registered Agent, Signature of New Registered Agent 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>	<u>Address</u>	Type of Action
PRESIDENT	MARIA DEL CARMEN ARRIAGA FRIAS	36841 PERRY CT	
			= Add
		Dade City FL 33525	
			□Remove
			Change
			□Add
			□Remove
			□Change
			
			□D
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