120000287929

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

TO: Registration Se Division of Cor					
SUBJECT:	SEALITY ON Name of Limit	IL NE ENTER	PRISES.	LLC	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.			
Please return all correspo	endence concerning this matter t	o the following:			
	STANL	EY CHITEAU Name of Person	<u> </u>		
	GERLITY C	DNLINE ENTE	ERPRES	ES LL	- <u>C</u>
	207 CANE	ERBURY DR	. W		
		A 13 FACH F City/State and Zip Code of the used for future annual report notific			
			cation)	,	
For further information c	oncerning this matter, please ca	·!!;			
STANLEY Name o	CAMERU of Person	at (<u>561</u>) <u>260 -</u> Area Code Daytime	- 64 26 Telephone Number	 -	
Enclosed is a check for the	he following amount:			202 SE	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Cor	R 27 AH	
Mailing Addres	»S:	Street Address:		8: 35 STATE E, FL	
Registration 5		Registration Sec		H O	
Division of C		Division of Corp			
P.O. Box 632		The Centre of Ta			
Tallahassee,	EL 32314	2415 N. Monroe	Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 9-14-2020 and assigned Florida document number L2 0000 285929 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ONDENTER LEAN, LLC.

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

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, withis document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liab capy company has been notified in writing of this change.

City

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>	Name	Address	Type of Action
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			_ □Remove
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an effective date	is listed, the date it is inserted in this	must be specific	and cannot be	prior to date of	ming or more u	ian 90 days after	tiling.) Pursean	n to 605.020
<u>Note:</u> If the da locument's effe	e inserted in this etive date on the	Department	of State's rec	ords.	nory thing rec	puteriens, un	TA TA	024
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record specific d is filed.	s a delayed effec	tive date, but	not an effecti	ive time, at 12	1:01 a.m. on th	e earlier of: (b) The 9uth d	·J
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Dated	<u> 3 - 21 -</u>	202	<u>4</u>	·			E STA	M 8: 36
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		Signature	PUUL Na menyber or	authorized rep	resentative of a	member		