Florida Department of State

Division of Corporations Electronic Filing Cover Sheet Haloo 2734961

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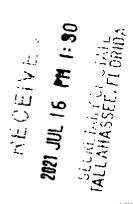
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ONEDERDAK, LLC



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Corporate Filing Menu

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Harox 2734963

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONDERDAK, LLC (Name of the Limited Liability Comps (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000298440		and assigned
This amendment is submitted to amend the following:		SEC DIVISI
A. If amending name, enter the new name of the limited liab	oility company here:	7 OH.
Disease note whenver filed company misspelled it	Please correct it to: ONDERDAK	CLLC P SET
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "LLC" or the	abbreviation " C."
Enter new principal offices address, if applicable:		3
(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 registered agent and/or the new registered office address he	office address on our records, enter	the name of the new
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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBK = A	uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			D Add
			☐ Remove
			D Add
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			SECR 21 -
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D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PLEASE CHANGE MANAGER NAME TO:		
	PLEASE CHANGE WANAGER WANAGER TO		
	PATRICIA LAURA SPICOLA		
/The o	ctive date, if other than the date of filing: [(optional)] [flective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State)		
	d July 16 2021		
Date			
	Signature of a member or authorized representative of a member		
	Patricia Laura Spicola		
	Typed or printed name of signee		

21 JUL 16 AM 9: 19