L22000189920

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SECRETARY OF STATE

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	OND	ARRETA LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		ARIADNA OJEDA	
	-	Name of Person	
		AYUDA CENTER	2022 JUL 27 SECRETAIN FALLAHASS
		Firm/Company	
		8230 CORAL WAY	, .,
		Address	
		MIAMI, FL 33155	35 E 15
	···	City/State and Zip Code	
	AOJI	EDA@AYUDACENTER.COM	
	E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please c	all:	
ARIADN	A OJEDA	305 971-5232	
Name o	f Person	Area Code Daytime Telep	hone Number
Enclosed is a check for th	ne following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section	
Division of C		Division of Corporat	ions
P.O. Box 632		The Centre of Tallah	
Tallahassee. I	FL 32314	2415 N. Monroe Stre	et. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONDARRE	ETA LLC		
(<u>Nume of the Limited Liability Compar</u> (A Florida Limited L	y as it now appear iability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	04/20/2022	and assigned
Plorida document number L22000189920			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			22
Principal office address MUST BE A STREET ADDRESS)			E8 6
			NE TELES
			SS S
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			हात ज
3. If amending the registered agent and/or registered office a	ddress on our re	ecords, enter the n	ame of the new regist
gent and/or the new registered office address here:		<u> </u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida 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 Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JUAN P ZANARTU FERNANDE	2602 E HALLANDALE BEACH BLVD	□Add
		HALLANDALE BEACH, FL 33009	■Remove
MGR	JUAN H ZANARTU VINUELA	2602 E HALLANDALE BEACH BLVD	
		HALLANDALE BEACH, FL 33009	■Remove
			□Change
AMBR	JUAN H ZANARTU VINUELA	2602 E HALLANDALE BEACH BLVD	□ Add
		HALLANDALE BEACH, FL 33009	≣Remove
			□ Change
AMBR	JUSTO GARCIA GAMBOA	2602 E HALLANDALE BEACH BLVD	□ Add
		HALLANDALE BEACH, FL 33009	=Remove
			□ Change
AMBR	BENJAMIN PRIETO	2602 E HALLANDALE BEACH BLVD	□Add
		HALLANDALE BEACH, FL 33009	S = Remove
			MASS Contraction of the contract
		•	Add
			C. C. □Remove

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