

LC500-192144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

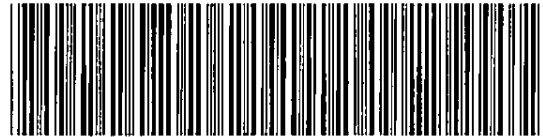
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/16/24--01023--004 **25.00

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JUL 16 PM 3:11
CLERK OF STATE
TALLAHASSEE, FL

B. HUNT

07/16/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONA DRAGON INK LLC

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:

DANIEL ROSA CORREA

Name of Person

ONA DRAGON INK LLC

Firm/Company

4506 CORAL PALM LN APT 03

Address

NAPLES

City/State and Zip Code

santamariaeliani7@gmail.com

E-mail address: (to be used for future annual report notification)

FILED
JAN 15 PM 3:11
TALLAHASSEE, FL

For further information concerning this matter, please call:

DANIEL ROSA CORREA

239 3831513
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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**

ONA DRAGON INK LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number 1.23000492144.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ONA DRAGON INK 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)

4506 CORAL PALMS LN

APTO 3

NAPLES FLORIDA 34116

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4506 CORAL PALMS LN

APTO 3

NAPLES FLORIDA 34116

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:

ELIANI SANTAMARIA

New Registered Office Address:

4506 CORALPALMS LN APTO 3

Enter Florida street address

NAPLES

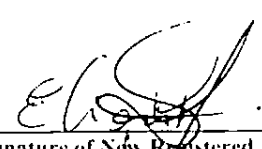
City

Florida 34116

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, 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> | <u>Type of Action</u> |
|--------------|--------------------|----------------------------|---|
| MGR | DANIEL ROSA CORREA | 4506 CORAL PALMS LN APTO 3 | <input type="checkbox"/> Add |
| | | NAPLES FLORIDA 34116 | <input type="checkbox"/> Remove |
| | | 4506 CORAL PALMS LN APTO 3 | <input type="checkbox"/> Change |
| AMBR | ELIANI SANTA MARIA | NAPLES FLORIDA 34116 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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STATE OF FLORIDA
COUNTY OF S.W. FLORIDA
JAN 13 PM 3:11

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

WE ARE ADDING A NEW COMPANY OWNER 50% FOR EACH PROP AGENT

16 PM 3:11
CLERK OF STATE
TAMPA, FL

E. Effective date, if other than the date of filing: 07 JULY 2024 (optional)

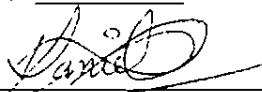
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

07/03/2024



Signature of a member or authorized representative of a member

Daniel Rosa Conea

Typed or printed name of signee