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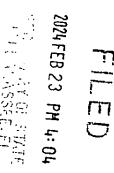
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	ONARKA PE	OPERTIES.	LLC
3083ECT	Name of Limite	d Liability Company	<u>· </u>
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please retuin all correspo	ondence concerning this matter to	the following:	
	Сн	elsDiciz	
		Name of Person	
		Firm/Company	
	751	174TH ST	SUITE 1916
		Address	
	SUN	INY ISLES, FL	. 33610
			es @gmail.com
For further information c	oncerning this matter, please call		
Chr	is Diaz	at (<u>813</u>) 875-	7433 e Telephone Number
.vanie o	11 (1301)	Area Code Daytin	e reiephone Number
Enclosed is a check for th	•		
\$\frac{1}{2}\$5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Sec	ction
Division of C		Division of Cor	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

	0.					
(Name of the Limited	orka?	Propert	ies, Ll	<u>C</u>		
(A	Florida Limited Li	iv as it now appears on iability Company)	our records.)			
The Articles of Organization for this Limited Liab Florida document number L Z 40000	oility Company v	were filed on 01	08 20	<u>) </u>	id assig	gned
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of t	he limited liabil	lity company here:				
The new name must be distinguishable and contain the wor	ds "Limited Liabilit	ty Company," the design	ation "LLC" or the	abbreviation	on "L.L.	.C."
Enter new principal offices address, if applicab	le:					
(Principal office address MUST BE A STREET	ADDRESS)			773	28	
				<u> 건역</u>	724 FE	- 137 -
. Enter new mailing address, if applicable:				17.74.X	B 23	
(Mailing address MAY BE A POST OFFICE BE	<u>2X)</u>			\$! [PH	111
					f: ●	
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office ac <u>here</u> :	ddress on our recor	ds, <u>enter the n</u> a	ame of the	e new	registered
Name of New Registered Agent:		thris D	iaz		_	
New Registered Office Address:	<u> </u>	51 174+	h ST			
	Sunn	Enter Florida st	reet address , Florida	336	<u> </u>)
Now Donictored Agent's Signature if abancing Do		City		Zip (Zode	

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>	Address	Type of Action
MBR	CFKN HOLDINGS	30 N GOULD ST STR	Add
CWIK	LLC	Steridan, Wy 828	☐ Remove
			□Change
<u>amb</u> r	Kiefer Diaz	2.51 174th ST Soute 19	\l6□Add
•		Sunny Isks, Fc	Remove
		33610	□Change
MGR	Chris Diaz	251 174th ST Soite 141	6 VAdd
		Sunny Isks, Fr 33610	Remove
			□Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

. 11 41	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an Note	ctive date, if other than the date of filing:
ord is	
Date	Tebruary 19th 2024 A
	Signature of a member or authorized representative of a member
	Chris Diaz