M22000010892

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , , , , , , , , , , , , , , , , , ,
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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FILED

125 SEP 30 PM 4: 0

PECEIVED

CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 09/30/25 Order #: 4450936-6 Re: Cask NX, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Supporting Documents

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

120000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

FILEL

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it appear State: Cask NX LLC	s on the records of the Flo	rida Department of	
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		· ,	2025 S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2025 SEP 30 AM II: 5
2. The Florida document number of this limited lia	ability company is: M2200	00010892	<u>β</u> π ω
Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 07/1	3/2022		
SECTION II (5-9 complete only the applicable			
5 M 8 J 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1	indaro LLC		
(mus	t contain "Limited Liabilit	ty Company, " "L.L.C.,"	or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C	naging members adopting	cting business in Florida the alternate name. The	and attach a alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office a	ed officer address on our r ddress here:	ecords, enter the name o	f the new
Name of New Registered Agent:			
New Registered Office Address:	Enter F	Florida Street Address	
	. Florida		
	City	, Florida	n Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change	and complete performanc ered agent as provided for	re of my duties, and I am r in Chapter 605, F.S. Oi	familiar with r, if this

If Changing Registered Agent, Signature of New Registered Agent

liability company has been notified in writing of this change.

If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:					
itle/ Capacity	<u>Name</u>	Address	Type of Action		
			□Add		
			□Remov		
			□Add		
			□Remov		
			🗀 Add		
			□Remov		
			2003 SEP 300 AM II: SE		
aforementioned an	he law of which this entity is org	by the official having custody of records in	□Remov n the		

Filing Fee: \$25.00

Page 1

Delaware The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE

STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CASK NX

LLC", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "ONDARO

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID RESTATED CERTIFICATE IS THE TWENTY-FIFTH DAY OF JULY, A.D. 2025.

LLC" ON THE TENTH DAY OF JULY, A.D. 2025, AT 8:27 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Charuni Patibanda-Sanchez, Secretary of State

C. G. Sanchez

Authentication: 204898388 Date: 09-30-25