## L11000001375

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Na	me)	
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			
	•		
		N	

Office Use Only

B. KOHR

APR 16 2012

EXAMINER



700228679267

04/12/12--01012--002 \*\*55.00

12 APR 12 PH 4: 48

## **COVER LETTER**

TO: Progration Section Division of Corporations
SUBJECT: MONSTER HOOKAH 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:
Please return all correspondence concerning this matter to the following:
Michael Petrucci Name of Person
NATURES OFGANIC LLC Firm/Company
30139 VS HWY 19 N.
Cleanwater FL3376/
OF ANIC Choice D1 @ YAhoo. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
M. Retfucci at 727 786-3637  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} (additional copy is enclosed)}\$\$ \$\text{Certified Copy} (additional copy is enclosed)}\$\$ \$\text{Certified Copy} (additional copy is enclosed)}\$\$

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO c ARTICLES OF ORGANIZATION OF

Monster t	tookah LLC	<b>2</b>	
(Name of the Limited L (A F	lability Company as it now appears on our record lorida Limited Liability Company)	<u>s.)</u>	
The Articles of Organization for this Limited Liab	bility Company were filed on $1-4-20$	• /	
This amendment is submitted to amend the follow	ving:		
A If amending name, enter the new name of the line of the new name of the new	he limited liability company here:  SS MOUIL DE AILI the words "Limited Liability Company," the designat	NG LLC ion "LLC" or the abbreviation	
Enter new principal offices address, if applicab	ole: ,		
(Principal office address MUST BE A STREET	ADDRESS)	<del></del>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0X)		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ence address here:	iter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	et address	
	, Florid	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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = I	nnager Managing Member	. <b>'</b>	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			□Add □Remove
			Add Remove
D. If amen	ding any other information, enter c	change(s) here: (Attach additional sheets, if necessary.)	_
			_
			_ _
Dated	4-2/2 /////		
	MICHAEL E	ember or authorized representative of a member  720 60 1  Typed or printed pame of signee	

Page 2 of 2

Filing Fee: \$25.00