LG8W0104257

Office Use Only



100161459051

10/08/09--01004--015 **25.00

SECRETARY OF STATE
OF ORPORATIONS
OF OCT -8 AM II: 01

B. KOHR 0CT 1 2 2009

EXAMINER

COVER LETTER

	tion Section of Corporations · , · ,		•	
SUBJECT:	Monste	r Fish USA, LLC		
30bjec1		nited Liability Company		
The enclosed Artic	cles of Amendment and fee(s) are s	ubmitted for filing.		
Please return all co	orrespondence concerning this matt	er to the following:		
		Edward Hoch		SECRETARY OF SAMILIONS 1090CT -8 AMIL: 01
		Name of Person		7 95
		Monster Fish USA, LLC		3 CO X CO
		Firm/Company		
	18735 East Colonial Drive, Unit 116			
		Address		
		Orlando, FL 32820		
		City/State and Zip Code		
	edo E-mail address:	die@monsterfishusa.co (to be used for future annual repo	m	
For further inform	ation concerning this matter, please	•		
Edward Hoch		at (_407_)	362-7708	
ì	Name of Person	Area Code & I	Daytime Telephone Number	
Enclosed is a chec	k for the following amount:			
✓ \$25.00 Filing F	Fee \$\int_\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	te of Status &
]]]	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Build	Corporations ding ive Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Monster Fish	n USA, LLC		9.	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea	rs on our records.)	-00 A SE	
(A Florida Limited L	Liability Company)		8 98	
The Articles of Organization for this Limited Liability Company	were filed on	11/07/2008	and assigned	
Florida document number L08000104257	•		A 9300	
i ionua document number			MII. O.	
This amendment is submitted to amend the following:			2 5	
A 16	•1•.	•		
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	18735 East Colonial Drive, Unit 116			
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32820			
		_ <u></u>		
Enter new mailing address, if applicable:	18735 East 0	Colonial Drive, Uni	116	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL	32820		
	 			
B. If amending the registered agent and/or registered of	Tion address on	oum mooanda onton t	he name of the ner	
registered agent and/or the new registered office address her		our records, enter t	ne name of the nev	
registered agent and/or the new registered office address nor	₹.			
Name of New Registered Agent:				
Navy Desistand Office Address				
New Registered Office Address:	New Registered Office Address: Enter Florida street address			
	Li	iio. 1 ioi iaa sii cet aaai	030	
		, Florida		
	Citv		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 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 = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM	Tana Leidigh	8282 La Mesa Street Orlando, Fl 32828	Add Remove		
	- 		Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessa	ry.) 		
. —					
Dated	Signature of a	member or authorized representative of a member			
	EDWAR	20 HocH Typed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00