Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE DELICIOUS MONSTER LLC

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SEP 1 3 2022

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE DELICIOUS MONSTER LLC		
(Name of the Limited Liability Company as it now ar (A Florida Limited Liability Compa	opears on our records.) my)	
The Articles of Organization for this Limited Liability Company were filed or Florida document number L22000268870	n 06/13/2022 and assign	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	<u>v here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C	2.11
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	2022 SEC	
Mailing address MAY BE A POST OFFICE BOX)	LS SE	<u> </u>
	TANK OF PE	ŢŢ,
3. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	ur records, enter the name of the new r	<u>egiste</u> re
Name of New Registered Agent:		(برائ
New Registered Office Address: Enter	r Florida street address	
	17hdah.	

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.

City

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
AMBR	Joseph Anson	7901 4th St N STE 300	X }Add
		St. Petersburg, FL 33702	□Remove
		46.44.55	□Change
			□Add
			Remove
			Change
			DAdd
			Remove
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***************************************			□Add
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	e specific and cannot be prick does not meet the appl	icable statutory filing	(optional) e than 90 days after filing.) Pur requirements, this date will	suant to 605,0207 (2 not be listed as th
ne record specifies a delayed effective d ord is filed.	late, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90	th day after the
Dated September 12	2022			
	Morran	Jan-		
Si	gnature of a member or aut	horized representative o	fa member	

we to see a

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