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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

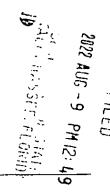
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

resit	Address:				
Email	Address:				

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **484 BRANDS LLC**

8

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00



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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

484 Brands LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Colorida document number L22000325489	ompany were filed on 07/22/22	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "L1.C" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
		= 2
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the i</u>	- B
Name of New Registered Agent:	And the second s	PHIP: 49
New Registered Office Address:	Enter Florida street address	- E
	Florida	
	City	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 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 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

Title	<u>Name</u>	Address	Type of Action
MGR	Troy Young	7901 4TH ST N STE 300	
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			🗀 Add
			□Remove
			🗆 Add
			Remove
			☐ Change
			□Remove
			□Change
<u></u>			□Add
			□Remove
			□Change
···			🗆 Add
			Remove

**************************************				<del></del>
	4-1			
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		<del></del>		<del></del>
ective date, if other than the da n effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Depa	specific and cannot be prior to does not meet the applical	o date of filing or more than ole statutory filing requir	(optional) 90 days after filing.) Pursuant to ements, this date will not be	605.0207 Tisted as
ecord specifies a delayed effective da is filed.	ate, but not an effective tim	ie, at 12:01 a.m. on the e	arlier of: (b) The 90th day	after the
ted August 9	2022	_•		
	Riluy.	P. I		
Sig	nature of a member or author	ized representative of a me	nber	_
Dilay Davis				
Riley Park		name of signee		_

Filing Fee: \$25.00