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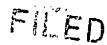
Registration Section Division of Corporations

ŢO:

Beef Balm SUBJECT:	LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Christopher Delgado		
		Name of Person	
	Christopher Delgado		
	<u> </u>	Firm/Company	
	3661 Florida Blvd		
		Address	
	Palm Beach Gardens, Flori	ida 33410	
		City/State and Zip Code	
	E mail addrage (to be used for future annual report not	theatean)
For further information	concerning this matter, please co	•	meadony
Christopher Delgado	, , , , , , , , , , , , , , , , , , ,	561 308-3806	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Beef Bolm LLC	ty Company as it now appears on our records. 7 AH 10: 13	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records. AH 10: 13 Limited Liability Company)	
	SECRETARY OF STATE Company were filed on 05/08/2023 TALLAHASSEE and assigned	
	ompany were filed on work and assigned	
Florida document number L23000226555	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
CDE Brands LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registers	
agent and/or the new registered office address here:		
Name of Nicos Decisional Assess		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registere	d 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 Changing Registered Agent, Signature of New Registered Agent

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
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Clunge
			□Add
			□Change
			□Add
			□Change
			□ Add
			□Remove
			□Change

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Note	ctive date, if other than the date of filing: cflective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
he re Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of see 90th day after the record is filed.
	08/09/2023
Dava	u
Date	
Date	Signature of a member or authorized representative of a member

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