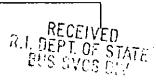
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Amendment to Application for Registration

FOREIGN Limited Liability Company

→ Fillng Fee: \$50,00

Pursuant to the provisions of RIGL 7-16-52 the undersigned foreign limited liability company horeby
amends Its Application for a Certificate of Registration to transact business in the state of
Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number:	2. The name of the limited liability company	is:	
001729067	Mondo Tees Buyer, LLC		
3. If the entity's name is changing, state the new name:	Mondo Collectibles, LLC		
· · · .		Check the box to indicate no change	
3a. The entity's name, if different, under which it proposed to register transact business in Rhode Island I			
4. If the period of duration has chan	ged in the home state, complete the following	g section: CHECK ONE BOX ONLY	
Perpetual (on-going)			
Date certain for dissolution		Check the box to indicate no change	
5. If the required address of the offithe following section:	ce to be maintained in the state or country of	its organization has changed, complete Check the box to Indicate no change	
6. If the malling address is changing complete the following section:			
	, , , , , , , , , , , , , , , , , , ,	Check the box to Indicate no change	
7. If the entity's purpose is changing complete the following section: *The new purpose should include ALL activity to be transacted in the State of Rhode Island.			
Check the box to Indicate an attach	ment	Check the box to Indicate no change	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 1707

DEC 27 2022

BY M3 DHSC

FORM 451 - Revised: 12/2021

8. If the management structure has changed, complete the following section:				
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX				
Its member(s) (If you have checked this box, skip to Section 9. DO NOT fill out the chart on the next page.)				
One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of this Amendment to the Application for Registration, state the name and address of each manager.)				
MANAGER	ADDRESS			
i				
Check the box to indicate no change				
9. As required by RIGL <u>7-16-67</u> , the limited ilability company has paid all fees and taxes.				
10. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, by a person with authority, by reference into this Amendment to the Application for Registration.				
11. Date when this Amendment to the Application for Registration will be effective: CHECK ONE BOX ONLY				
✓ Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
Under penalty of perjury, I declare and affirm that I have examined this Amendment to the Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of Limited Liability		Dale		
Tracy Daw		12/07/2022		
Signature of Authorized Person				
my.	a Lu			

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

December 27, 2022 12:07 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

