

1070000 98736

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2020 SEP 11 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FL

10/21/20

Q

COVER LETTER

**TO: Registration Section
Division of Corporations**
Cu'ture Xclusive, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shantell Haynes-Cruz Leon

Name of Person

Cu'ture Xclusive, LLC

Firm/Company

3585 NE 207 St.C9 #741

Address

Aventura, FL 33180

City/State and Zip Code

info@cutureexclusive.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shantell Haynes-Cruz Leon

407

402.0129

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2020 SEP 11 AM 8:59

Culture Xclusive, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on February 21, 2006 and assigned
Florida document number 1.07000098736.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Culture Xclusive Holdings, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

419 N. Federal Hwy. #113 Hallandale Beach, FL 33009

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

3585 NE 207 St. C9 #741

(Mailing address MAY BE A POST OFFICE BOX)

Aventura, FL 33180

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Shantell Haynes-Cruz Leon

New Registered Office Address:

3585 NE 207 St. C9 #741

Enter Florida street address

Aventura

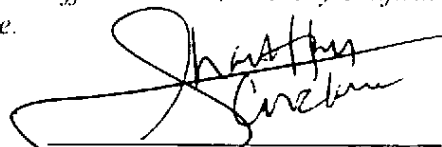
Florida 33180

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 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>	<u>Address</u>	<u>Type of Action</u>
CEO/MGR	Shantell Haynes-Cruz Leon	3585 NE 207 St. C9 #741 Aventura, FL 33180	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO/COO	S.H. Cruz Leon	3585 NE 207 St. C9 #741 Aventura, FL 33180	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Haynes Harbour, Inc.	3585 NE 207 St. C9 #741 Aventura, FL 33180	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cu'ture Xclusive Holdings	3585 NE 207 St. C9 #741 Aventura, FL 33180	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	1 Night Stand Production & Film	3585 NE 207 St. C9 #741 Aventura, FL 33180	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Denis Cruz Leon	3585 NE 207 St. C9 #741 Aventura, FL 33180	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Torrin Palmer Jr. (AMBR) 3585 NE 207 St. C9 #741 Aventura, FL 33180 (Remove)

Boujee Culture (AMBR) 3585 NE 207 St. C9 #741 Aventura, FL 33180 (Remove)

A Whore's PuSSy Production & Film (AMBR) 3585 NE 207 St. C9 #741 Aventura, FL 33180 (Remove)

Hard Hairs & Heels Real Estate / Developers / Contractors (AMBR) 3585 NE 207 St. C9 #741 Aventura, FL 33180 (Remove)

Cyn' (AMBR) 3585 NE 207 St. C9 #741 Aventura, FL 33180 (Remove)

February 21, 2006

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 (3)(b)

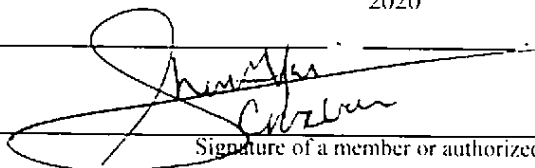
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

August 8

2020

Dated _____



Signature of a member or authorized representative of a member

Shantell Haynes-Cruz Leon

Typed or printed name of signee