that my name appears above, or on an attachment with all other like empowered. SIGNATURE: OMAR MORALES

Electronic Signature of Signing Authorized Person(s) Detail

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPO	RT

DOCUMENT# L17000094494

Entity Name: ATHLOS CULTURE LLC

Current Principal Place of Business:

8255 SW 72ND CT **UNIT 425** MIAMI, FL 33143

Current Mailing Address:

8255 SW 72ND CT **UNIT 425** MIAMI, FL 33143 US

FEI Number: 82-2113702

Name and Address of Current Registered Agent:

MORALES, OMAR A SR. 8255 SW 72ND CT **UNIT 425** MIAMI, FL 33143 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR	
Name	MORALES, OMAR A SR.	Name	KEILLY, CHACON V SRA.	
Address	8255 SW 72ND CT UNIT 425	Address	8255 SW 72ND CT UNIT 425	
City-State-Zip:	MIAMI FL 33143	City-State-Zip:	MIAMI FL 33143	

Apr 30, 2019 Secretary of State 8455967149CC

FILED

Certificate of Status Desired: No

04/30/2019

Date

Date

AMBR

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and