

**L15000032848**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000268561 3)))



H150002685613ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

**Email Address:** \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WICKED KULTURE, LLC**

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

**FILED**  
15 NOV 10 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 12 2015

J SHIVERS

**RECEIVED**

15 NOV 10 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09/21/2033 04:31  
Jun 26 2014 7:41AM

ADVANTAGE

3058580777

#1785 P.002/004  
page 2

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

H15000268561

WICKED KULTURE, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/23/2015 and assigned  
Florida document number L15000032848

This amendment is submitted to amend the following:

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

N/A

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

9400 WEST FLAGLER ST APT 11

MIAMI FL 33174

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

9400 WEST FLAGLER ST APT 11

MIAMI FL 33174

**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:**

ERNESTO CARRALERO

**New Registered Office Address:**

9400 WEST FLAGLER ST APT 11

*Enter Florida street address*

MIAMI

*City*

Florida 33174

*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**

Page 1 of 3

H15000268561

09/21/2033 04:31

#1765 P.003/004

Jun 26 2014 7:41AM ADVANTAGE

3058580777

page 3

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

H15000268561

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ERNESTO CARRALERO	9400 WEST FLAGLER ST	<input checked="" type="checkbox"/> Add
		APT 11	<input type="checkbox"/> Remove
		MIAMI FL 33174	<input type="checkbox"/> Change
MGR	CELIA M. MANTECON	19963 SW 129TH CT	<input type="checkbox"/> Add
		MIAMI FL 33177	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H15000268561

09/21/2033 04:31  
Jun 26 2014 7:41AM

ADVANTAGE

3058580777

#1765 P.004/004

page 4

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

H15000268561

FILED  
15 NOV 10 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

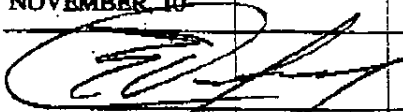
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

Dated NOVEMBER 10 2015



Signature of a member or authorized representative of a member

ERNESTO CARRALERO

Typed or printed name of signee

Page 3 of 3

H15000268561