

L16000117937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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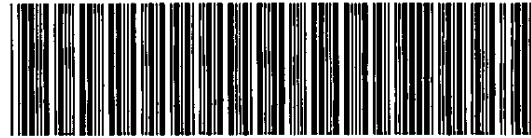
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 31 AM 7:48

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TBU, LLC
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:

Washington Charles
Name of Person

TBU, LLC
Firm/Company

1818 SW 1 Ave # 1803
Address

Miami Florida, 33129
City/State and Zip Code

Wcharles@myculture.club
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
16 OCT 31 AM 7:48

For further information concerning this matter, please call:

Washington Charles at (786) 223-1429
Name of Person 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

TBU 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 June 20, 2016 and assigned Florida document number L16000117937.

This amendment is submitted to amend the following:

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

Culture Club, 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

15 OCT 31 AM

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TALLAHASSEE, FLORIDA
15 OCT 31 AM 7:48

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

October 25 2016

tober 25 2016
Wolfe
Signature of a member or author

Signature of a member or authorized representative of a member

Washington Charles

Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L16000117937
FILED 8:00 AM
June 20, 2016
Sec. Of State
tbrown

Article I

The name of the Limited Liability Company is:

TBU LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1818 SW 1 AVE
1803
MIAMI, FL. 33129

The mailing address of the Limited Liability Company is:

1818 SW 1 AVE
1803
MIAMI, FL. 33129

Article III

The name and Florida street address of the registered agent is:

ANTAR SOSA
1818 SW 1 AVE
1803
MIAMI, FL. 33129

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ANTAR SOSA

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TALLAHASSEE, FLORIDA
16 OCT 31 AM 1:03

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
ANTAR SOSA
1818 SW 1 AVE #1803
MIAMI, FL. 33129

Title: MGR
WASHINGTON L CHARLES
503 NE 65TH
MIAMI, FL. 33138

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FILED 8:00 AM
June 20, 2016
Sec. Of State
tbrown

Article V

The effective date for this Limited Liability Company shall be:

06/20/2016

Signature of member or an authorized representative

Electronic Signature: ANTAR SOSA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 31 AM 7:48