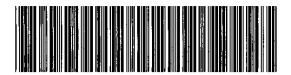
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SECRETARY OF STATE

NILAHASSEE, FLORIDA

D. SCOTT MAY 31 2017

## **COVER LETTER**

	ation Sec n of Corp	ction porations				
	UNTER	CULTURE LLC	•			
SUBJECT:						
The enclosed Art	ticles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all	correspoi	ndence concerning this matter	to the following:			
		GUY HOWZE				
		COUNTER CULTURE LI	LC			
	Address					
		JACKSONVILLE, FLORI	IDA 32277			
			City/State and Zip Code			
		E-mail address: (	to be used for future annual report notific	eation)		
For further inform	mation co	oncerning this matter, please c	all:	IMAL SEQ		
				Telephone Number SSTO		
<del> </del>	Name of	Person	Area Code Daytime	Telephone Number SS 70		
				# P = 1		
Enclosed is a che	eck for th	e following amount:		PR II		
■ \$25.00 Filing		□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COUNTER CULTURE LLC				
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	5440 CONTINA AVE			
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FLORIDA 32277			
Enter new mailing address, if applicable:	5440 CONTINA AVE			
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE, FLORIDA 32277			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address  Florida  Florida			
New Projectored Agent's Signature if the pains Deliate in the	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 = Ms $AMBR = At$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
	<del></del>		Add
	•	<del></del>	□ Remove
			Change
			Add
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lf an eff <u>Note:</u>	ive date, if other than the date of filing:	207 ( l as t
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	5-23 17	71
	30	
		1 1

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00