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COVER LETTER

	gistration Sec vision of Corp			
SID IFCT.		ax Agency LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	ı all correspon	dence concerning this matter t	to the following:	
		Vanessa Belmonte		
•		Culture Climax Agency LL	Name of Person C	`
		398 NW 35th Lane	Firm/Company	
		Boca Raton, FL 33431	Address	
		vanessa@cultureclimax.com	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notific	cation)
For further in	nformation cor	ncerning this matter, please ca	II:	
Vanessa Bel			407 913-9563 at ()	
	Name of I	Person	Area Code Daytime 1	Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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 Taliahassee, 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

Culture Climax Agency LLC						
(<u>Name of the Lim</u>	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)				
The Articles of Organization for this Limited Liability Company were filed on march 12, 2019						
Florida document number 1.19000070335	·					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :				
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if appli	cable:	SEC FA				
Principal office address MUST BE A STRE	ET ADDRESS)					
		الا الحق الحق الحق الحق الحق الحق الحق ا				
		နှင့် မ				
Enter new mailing address, if applicable:		SSEE				
(Mailing address MAY BE A POST OFFICE	E BOX)	2 2				
		F .				
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the				
Name of New Registered Agent:	Nicole Belmonte					
New Registered Office Address:	398 NW 35th Lane					
	Enter Florida street address					
	Boca Raton	, Florida ³³⁴³¹				
	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>	Address	Type of Action
AMBR	Nicole Belmonte	398 NW 35th Lane Boca Raton, FL 33431	■ Add
			Remove
			Change
AMBR	Vanessa Belmonte	398 NW 35th Lane Boca Raton, FL 33431	Add
			Remove
			☐ Change
			\\dd
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			Remove
			□ Change
			Add
			Remove
			Change
		····	
			Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.).
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	. 8/29/2019
(If an effe Note:	ve date, if other than the date of filing:
f the rec b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _.	Avg. 30 2019 Welman
	Signature of a member or authorized representative of a member Vanessa Belmonte Typed or printed name of signee

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Filing Fee: \$25.00