

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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TO: Registration So Division of Con					
	ure Brands, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub				
	Scott Zepp				
		Name of Person	 -		
	Island Culture Brands, LL	С			
		Firm/Company			
	3335 CIRCLE DR.				
		Address			
	GULF BREEZE, FL 3256	3			
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
•	scottzepp@yahoo.com		.	~>	·:
For further information c	e-mail address: (to be used for future annual report notification) all:		20 AFR	ı
Scott Zepp		850 261-5858		-9	
	f Person	Area Code Daytime Teleph	one Number	PH 4: 47	110117 C.F.
Enclosed is a check for the	ne following amount:				- PE
■ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Island Culture Brands, LLC
Island Culture Brands, 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 (Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 10/10/2019 and assigned Florida document number L19000255364
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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) 35 C Grif Dreete partie
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: Nicholas william Wheatle
Name of New Registered Agent: New Registered Office Address: 33 c Gelf Breeze para una 30561 Enter Florida street address
Colf Book 33501

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
AMBR	Nick Wheatley	33 Gulf Breeze Pkwy., Unit C, Gulf BReeze, FL 3256	
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). If amending a	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective date Note: If the date	if other than the date of filing:
he record specifie ord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	March 31. 2070.
	1-2m
	Signature of a member or sethorized representative of a member
	Scull Zepp
	Typed or printed name of Signee

Filing Fee: \$25.00