## L19000255364

| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
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|                         | Office Use On     | ly <b>C</b> |



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## **COVER LETTER**

Registration Section Division of Corporations

ro:

| ISLAND                  | CULTURE BRANDS, LLC                          |  | •   |          |
|-------------------------|--|--|---|----------|
| SUBJECT:                | Name of Lim                                  | ited Liability Company   |   |          |
| The enclosed Articles   | of Amendment and fee(s) are sub              | mitted for filing.   |   |          |
| Please return all corre | spondence concerning this matter             | to the following:  |   |          |
|                         | Tricia Horton                                |  |   |          |
|                         |  | Name of Person   |   |          |
|                         | Island Culture Brands, LL                    | С  |   |          |
|                         |  | Firm/Company   |   |          |
|                         | 655 Pensacola Beach Blvd                     | l.   |   |          |
|                         |  | Address  |   |          |
|                         | Pensacola Beach, Florida                     | 32561  |   |          |
|                         |  | City/State and Zip Code  |   |          |
|                         | mychefhorton@gmail.com                       |  |   |          |
|                         | E-mail address: (                            | to be used for future annual report noti   | fication)   |          |
| For further informatio  | n concerning this matter, please c           | all:   | QD  |          |
| Tricia Horton           |  | 850 529-7891<br>at ()  |   | C)       |
| Nam                     | e of Person                                  | Area Code Daytim   | e Telephone Number  | <b>-</b> |
|                         |  |  |   | •<br>-   |
| Enclosed is a check fo  | r the following amount:                      |  | <b>泣</b>  | **<br>*  |
| ■ \$25.00 Filing Fee    | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose |          |
| P.O. Box 6              | n Section<br>Corporations                    | Street Address: Registration Sec<br>Division of Cor<br>The Centre of T<br>2415 N. Monro<br>Tallahassee, FL | porations<br>fallahassee<br>e Street, Suite 810                                       |          |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ISLAND CULTURE BRANDS, LLC

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

|   | (A Florida Limited Liability | y Company)                         |                                    |
|---|------------------------------|------------------------------------|------------------------------------|
| The Articles of Organization for this Limited I Florida document number L19000255364    | Liability Company were       | filed on 10/10/2019                | and assigned                       |
| This amendment is submitted to amend the fol  | lowing:                      |                                    |                                    |
| A. If amending name, enter the new name   | of the limited liability c   | ompany here:                       |                                    |
| The new name must be distinguishable and contain the                                    | words "Limited Liability Cor | npany," the designation "LLC" or t | he abbreviation "L.L.C."           |
| Enter new principal offices address, if appli   | cable:                       |                                    |                                    |
| (Principal office address MUST BE A STRE  | ET ADDRESS)                  |                                    |                                    |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE      |                              |                                    |                                    |
| B. If amending the registered agent and/or agent and/or the new registered office addre |                              | s on our records, <u>enter the</u> | (\$) name of the new registers (*) |
| Name of New Registered Agent:   | Tricia Horton                |                                    | . ,                                |
| New Registered Office Address:  | 655 Pensacola Beach          | Blvd.                              | ω.                                 |
|   |                              | Enter Florida street address       |                                    |
|   | Pensacola Beach              | , Florida                          | 3256j Zip Code                     |
|   | Ci                           | iv.                                | 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 |
|--------------|---------------|------------------------|----------------|
| MGR          | Tricia Horton | 7905 Whitesands Blvd.  | <b>=</b> Add   |
|              |               | Navarre, Florida 32566 | Remove         |
|              |               |                        | Change         |
|              |               | <u> </u>               | □Add           |
|              |               |                        | □Remove        |
|              |               |                        | □Change        |
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| Effective date, if other than fan effective date is listed, the date Note: If the date inserted in the locument's effective date on the locument of the locume | must be specific is block does no | and cannot be pri<br>of meet the app | or to date of filing<br>licable statutory | g or more than 90<br>/ filing requirem | (option:<br>days after fili<br>ents, this da | ng.) Pursua | nt to 605.02<br>t be listed | 207<br>as     |
| record specifies a delayed effo<br>d is filed.   | ective date, but                  | not an effective                     | time, at 12:01                            | a.m. on the earl                       | ier of: (b)                                  | The 90th o  | day after th                | he            |
| July 16  |                                   | 2021                                 |   |  |  |             |                             |               |
| Pated  |                                   |                                      | ·   |  |  |             |                             |               |
|  |                                   | ////                                 | ~   |  |  |             |                             |               |
|  |                                   |                                      |   | ntative of a membe                     |  |             |                             |               |