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COVER LETTER

	on Section f Corporations		
	re Chips, LLC		
SUBJECT:	Name of t	.imited Liability Company	
The enclosed Articl	les of Amendment and fee(s) are s	submitted for filing.	
Please return all con	rrespondence concerning this mat	ter to the following:	
	Antoine Dumas		
		Name of Person	
	Culture Chips, LLC		
		Firm/Company	20
	4280 NW 106th Ave		TE PER T
		Address	27
	Coral Springs, FL 3306	5	2021 AUG -9 PM 3: 11 SECRETARY OF STATI TALL AITASSEE. FL
		City/State and Zip Code	EFS 4.
	success@culturechips.co		
D. C. d. C.S.		ss: (to be used for future annual report noti	neation)
	tion concerning this matter, pleas		
Antoine Dumas		973 855-0265 at ()	
N	lame of Person	Area Code Daytim	e Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	Fee □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A	<u>.ddress:</u> tion Section	<u>Street Address:</u> Registration Se	ction
Division	of Corporations	Division of Cor	porations
P.O. Box	x 6327 see, FL 32314	The Centre of T	'allahassee e Street, Suite 810
1 41141145	ひしし、トコン ノンショブ	= (15 151 1510m)	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Culture Chips		
(Name of the Limited Liability Compa (A Florida Limited I	ns as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Plorida document number 1.20000231721	were filed on 08/03/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Culture Brands, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10101 W Sample Rd, Suite #441	
Principal office address MUST BE A STREET ADDRESS)	Coral Springs, Florida 33065	
Trittipa office address vices 1221.01.01.		202 SE
Enter new mailing address, if applicable:	10101 W Sample Rd, Suite #441	I AUG -
Mailing address MAY BE A POST OFFICE BOX)	Coral Springs, Florida 33065	A 9 1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	Florid	
-	City	Zip Code

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 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	Membe

<u>Title</u>	Name	Address	Type of Action
			Remove
			□Change
			SET TRemove
			LET JO Brange 3
		-	SECRETAR OF STATE
			FLE
			Change
			Remove
			Change
			□Remove
			□ Change
		<u> </u>	□Add
			□Change

Effective date, if other than the date of filing: Signature of a member of a sutherized representative of a member						 -				_		
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Dated					2021							
Signature of a member or authorized representative of a member		igust 5		+	. 2021		_					
	Dated		- 1 -	/1								

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Filing Fee: \$25.00