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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Co	rporations		
	Shop (KP3 LLC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Kendrick Perry	
		Name of Person	
		Firm/Company	
		7 Edenton Court	
		Address	
		Ocoee, FL 34761	
	kend	City/State and Zip Code drick3perry@gmail.com	
		to be used for future annual report	notification)
	concerning this matter, please c	all:	
	trick Perry	at (321)	695-7194
Name c	of Person	Area Code Da	ytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	X S30,00 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 Addres Registration	Section	Street Address Registration	Section
Division of C	Corporations	Division of 0	Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shop KP3 LLC

(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears of Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	10/6/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company here	<u>?</u> :	
Certified Culture LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi	gnation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
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 rec	ards antar the nun	so of the new rea
agent and/or the new registered office address here:	address on our reco	oras, enter the nan	te of the new reg
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	Florida	

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. Thereby 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, <u>enter the title, name, and address of each person_being ador removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Amber McKinnon Perry	7 Edenton Court Ocoee, FL 34761	ŽJAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Add
			□Remove
			⊡∧dd
			□Remove
			□ Change
			
			□Remove
			□Change

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	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
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<u>Note:</u> 11 tl	date, if other than the date of filing:
the record) The 90	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
15 . 1	10/30/2024
Dated	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Kendrick Perry

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