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15 JUN -4 AM 9: 04

'JUN 12 2015 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Munchie Culture		
DOCUMENT NUMB			
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	ondence concerning this ma	tter to the following:	
	Tom Schneider		
-		Name of Contact Perso	on .
-		Firm/ Company	
_	10901 SW 140 Ave		
		Address	
_	Miami, Fl 33186		
		City/ State and Zip Coo	de
tom.sc	hneider@bellsouth.net		
	E-mail address: (to be us	sed for future annual repor	t notification)
For further information	concerning this matter, please	se call:	
Tom Schneider		at (305	505 5599
Name o	f Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address Indment Section Identification of Corporations Box 6327 Index of the section of the	Amen Divisi Clifto	t Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

n/a	Articles of A to Articles of Inc	corporation	- 15 JUN -4 AM 9: 04
	of Corporation as current	ly filed with the Florida	<u>- 17 C</u>
n/a	D1311	10/7259	Cy State)
	(Document Number o	f Corporation (if known)	/
Pursuant to the provisions of section 607. its Articles of Incorporation:	·	•	on adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
n/a	· · · · · · · · · · · · · · · · · · ·		TI.
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or '	'Co". A professional con	
P. Enter new principal office address	if applicables	10901 SW 140 Ave	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		Miami, FI 33186	
C. Enter new mailing address, if applia (Mailing address MAY BE A POST)		10901 SW 140 Ave Miami, Fl 33186	
D. If amending the registered agent an new registered agent and/or the new			name of the
Name of New Registered Agent	n/a 		
	(Florida str	reet address)	
New Registered Office Address:	n/a		, Florida
New Registered Agent's Signature, if c I hereby accept the appointment as regist			(Zip Code) ations of the position.
	 Signature of New F	Registered Agent, if chang	ing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>be</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add		_		
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_		
Add			•	
Remove				
6) Change	<u> </u>	_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and and an and an and an analysis and an analys

6/1/20)15
The date of each amendment(s) adoption:	if other than the
date this document was signed:	
6/1/2015 Effective date <u>if applicable</u> :	. n. v. O: NL
()	no more than 90 days after amendment file date) 15 JUN - L AM 9: 04
Note: If the date inserted in this block does not a document's effective date on the Department of Sta	meet the applicable statutory filing requirements, this date will not be listed as the te's records.
Adoption of Amendment(s) (CHEC	<u>CK ONE</u>)
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for appr	reholders. The number of votes cast for the amendment(s) roval.
	nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes cast for the amendm	
by(voting	,,
(voting	group)
<u></u>	ard of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the inco- action was not required.	orporators without shareholder action and shareholder
Dated $\frac{5/29/15}{29}$	Mner &
(By a director, presider	nt or other officer – if directors or officers have not been
	orator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by	that fiduciary)
	ped or printed name of person signing)
(Ту	ped or printed name of person signing)
(2F0
	(Title of person signing)