

L13000156416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

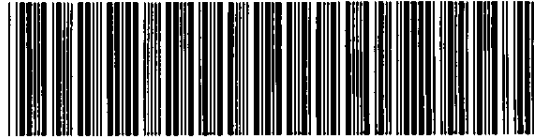
(Business Entity Name)

(Document Number)

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S. WARREN

MAR 08 2018

GRAY | ROBINSON
ATTORNEYS AT LAW

2

850-577-9090

ASHLEY.SADLER@GRAY-ROBINSON.COM

March 2, 2018

SUITE 600
301 S. BRONOUGH STREET (32301)
POST OFFICE BOX 11189
TALLAHASSEE, FL 32302-3189
TEL 850-222-7717
TEL 850-577-9090
FAX 850-222-3494
FAX 850-577-3311
gray-robinson.com

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ORLANDO
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VIA HAND DELIVERY

Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Miami Beer Ventures, LLC
55 NW 25th St.
Miami, FL 33127
Document #: L13000156416

Dear Sir or Madam:

Enclosed please find one (1) Application for Articles of Amendment to Articles of Organization and a check, payable to the Florida Department of State, in the amount of \$25.00 for the above listed LLC. The filing is due to a change of officers.

Please contact me, directly, if you have any questions. I can be reached via e-mail (ashley.sadler@gray-robinson.com) or phone (850-577-9090). Thank you!

Best regards,

Ashley W. Sadler
Licensing Specialist

AWS/AWS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Miami Beer Ventures, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashley Sadler, Licensing Specialist

Name of Person

GrayRobinson, P.A.

Firm/Company

301 S Bronough St., Ste. 600

Address

Tallahassee, Florida 32301

City/State and Zip Code

lydia.thomas@anheuser-busch.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Sadler, Licensing Specialist

Name of Person

at (**850**) **577-9090**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Miami Beer Ventures, 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 were filed on 11/06/2013 and assigned Florida document number L13000156416.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

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

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18 MAR 7 AM 11:12
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TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
VP, Treasurer	Taylor Burroughs	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
VP	Michael Taylor	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
Assistant Treasurer	Naomi Lopez	One Busch Place	<input checked="" type="checkbox"/> Add
		St. Louis, MO 63118	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
Assistant Secretary	Todd Davidovits	One Busch Place	<input checked="" type="checkbox"/> Add
		St. Louis, MO 63118	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
Assistant Secretary	Jeremy M. Roe	One Busch Place	<input checked="" type="checkbox"/> Add
		St. Louis, MO 63118	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
VP	Joao Falcao	One Busch Place	<input checked="" type="checkbox"/> Add
		St. Louis, MO 63118	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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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>	<u>Address</u>	<u>Type of Action</u>
CFO, VP, Treasurer	Matthew Gilbertson	One Busch Place	<input checked="" type="checkbox"/> Add
		St. Louis, MO 63118	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 REMOVE
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated February 24, 2018.

TL

Signature of a member or authorized representative of a member

Thomas Larson

Typed or printed name of signee

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TALLAHASSEE FLORIDA