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ALLAHASSEE, FLORIDA

APR - 2 2014

T. BROWN

## **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: Mad World Brewing 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:
Victor Falck Name of Person
Mad World Blewing, LLC Firm/Company
S31 Reid St Address
Scrosotu, FL 34242 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (941) 323 4691  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

14 MARSI AM 10:06 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\ Florida document number \_\_\_\_ L 14 0000 10355 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: Sarasota, FL 34242 (Principal office address MUST BE A STREET ADDRESS) 531 Reid St 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 records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

## 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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The effective	date must be	specific, can	e date of filir mot be prior to d Florida Departmo	late of receipt or f	of filing iled date and cannot be r	(optional) more than 90 days after
Dated	28	Moran		, <u>2014</u>	<u> </u>	
Dated	28	Morda		., <u>2019</u>		
Dated	28	March		47	orized representative of	a member

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Filing Fee: \$25.00