

L17000251177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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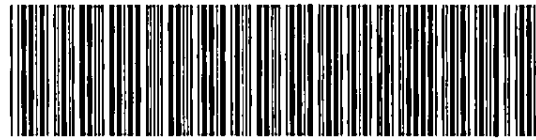
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TILTED COMPASS BREWING COMPANY 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:

ISRAEL GUIBAS  
Name of Person  
TILTED COMPASS BREWING COMPANY LLC  
Firm/Company  
601 ROTHMOOR LN  
Address  
ST JOHNS, FL 32259  
City/State and Zip Code  
izzy@twistedcompassbrewing.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Israel Guibas at ( 904 ) 535-8453  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 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 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**

TILTED COMPASS BREWING COMPANY 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 12/07/2017 and assigned Florida document number L17000251177.

This amendment is submitted to amend the following:

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

TWISTED COMPASS BREWING LLC

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:

601 ROTHMOOR LN

**(Principal office address MUST BE A STREET ADDRESS)**

ST JOHNS, FL 32259

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:

Israel Guibas

New Registered Office Address:

601 Rothmoor LN

Enter Florida street address

St Johns

City

Florida 32259

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

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>
MGRM	ISREAL Guibas	601 Rothmoor Ln	<input type="checkbox"/> Add
		St Johns, FL 32259	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ISRAEL Guibas	601 Rothmoor Ln	<input checked="" type="checkbox"/> Add
		St Johns, FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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 COUNTY OF ST. JOHNS  
 CLERK OF COUNTY

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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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 January 18, 2018

Signature of a member or authorized representative of a member

Israel Guibas

Typed or printed name of signee



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## Detail by Entity Name

Florida Limited Liability Company  
TILTED COMPASS BREWING COMPANY, LLC.

### Filing Information

<b>Document Number</b>	L17000251177
<b>FEI/EIN Number</b>	NONE
<b>Date Filed</b>	12/07/2017
<b>State</b>	FL
<b>Status</b>	ACTIVE

### Principal Address

601 ROTHMOOR LANE  
ST. JOHNS, FL 32259

### Mailing Address

601 ROTHMOOR LANE  
ST. JOHNS, FL 32259

### Registered Agent Name & Address

GUIBAS, ROSA M  
601 ROTHMOOR LANE  
ST. JOHNS, FL 32259

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

GUIBAS, ROSA M  
601 ROTHMOOR LANE  
ST. JOHNS, FL 32259

Title MGRM

GUIBAS, ISREAL  
601 ROTHMOOR LANE  
ST. JOHNS, FL 32259