

L17000 251177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

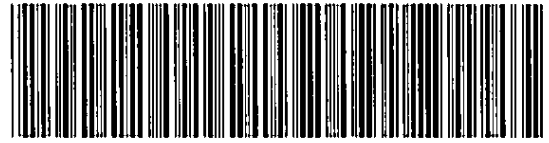
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/03/19--01005--021 **25.00

S TALLENT
JUN 03 2019

2019 MAY 31 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Amend

TWISTED COMPASS BREWING LLC
ATTN: ISRAEL GUIBAS
601 ROTHMOOR LN
ST. JOHNS, FL 32259

MAY 29, 2019

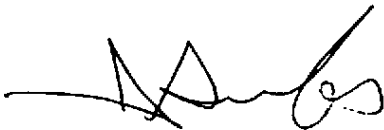
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

SUBJECT: TWISTED COMPASS BREWING LLC
Ref. Number: L17000251177

Please find the enclosed Articles of Amendment To Articles of Organization corrected form as requested in your letter dated May 22, 2019 (See copy attached).

If you have any questions or need additional information, please email izzy@twistedcompassbrewing.com or call at (904) 535-8453.

Thank you for your assistance.



ISRAEL GUIBAS
MANAGING PARTNER
TWISTED COMPASS BREWING LLC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2019

ISREAL GUIBAS
TWISTED COMPASS BREWING LLC
601 ROTHMOOR LANE
ST. JOHNS, FL 32259

SUBJECT: TWISTED COMPASS BREWING LLC
Ref. Number: L17000251177

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 219A00010413

RECEIVED

2019 MAY 31 AM 10:46

SUSAN TALLENT
REGULATORY SPECIALIST II

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TWISTED COMPASS BREWING COMPANT, 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

TWISTED COMPASS BREWING COMPANY, LLC

Firm/Company

601 ROTHMOOR LANE

Address

ST. JOHNS, FL 32259

City/State and Zip Code

IZZYGUIBAS@ME.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**

TWISTED COMPASS BREWING 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 DECEMBER 7, 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:

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2019 MAY 31 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FL

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: _____

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

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	JOHN R MORGIS	524 WILLOW OAK LANE ST. JOHNS, FL 32259	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	SONYA M KIRBY	524 WILLOW OAK LANE ST. JOHNS, FL 32259	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

APRIL 8, 2019

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 MAY 6, 2019

Handwritten signature of Israel Guibas

Signature of a member or authorized representative of a member

ISRAEL GUIBAS

Typed or printed name of signee