# L18000091990

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Enuty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100337297561

11/22/19--01015--012 \*\*30.00

FILED

19 NOV 22 AM 8: 56

SECRETARY OF STATE
ALL AHASSET FLOPIDA

T SCHROEDER

## **COVER LETTER**

TO: Registration Section <sup>2</sup> Division of Corporations	ę.	ప
SUBJECT: Coastal Karma 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:		
Charles Chase Name of Person		
Coastal Karna Brewing LC	<u>C</u>	
798 10th Street Address	_	
Lake Park IFL 1 33403  City/State and Zip Code  Coastal Karma Brewing Quahoo. Co E-mail address: (to be used for future annual report notification)	<u>—</u> <u>om</u>	
For further information concerning this matter, please call:		
Charles Chase at (561) 670 · 06  Name of Person at (561) 670 · 06  Area Code Daytime Telephone Nu	77 imber	
Enclosed is a check for the following amount:		
Certificate of Status Certified Copy	00 Filing Fee. tificate of Sta tified Copy itional copy is er	uus &

### 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

Coastal Karma	Brewing	LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number 83–139585(e.	were filed on $4/5$	118 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "	LLC" or the arbbreviation "L.L.C."
Enter new principal offices address, if applicable:	ny company: the designation	No.
(Principal office address MUST BE A STREET ADDRESS)	office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:		9.8.8.8 Q
(Mailing address MAY BE A POST OFFICE BOX)		<b>D</b> *
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress
		, 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:

	lanager authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Charles Chase	798 10th St	Add
		Lake Park FL, 334	<u>0.5</u> □ Remove
			Z Change
AMBR	Sara Mahoney	798 10th St	
	•	Lake Park, FL, 3340	3_□ Remove
			Change
MGR.	Charlona Herron	14811 G9th Dr 10 West Palm Beach, FC 33418	Add  SCGCO Remove  Change  Change
			□ Remove
			Change
		<del></del>	□ Add
			□ Remove
			□ Change

				<del></del>				
-					<del></del>			
								<del></del>
		<del></del>						<del></del>
_								
								<del></del>
***						SE	19	
						<u>- Fo</u> £ê	40 <del>.</del>	
						425 425 420	- <del>2</del> 2	
_						<u> </u>	<u> </u>	_m_
					_	7 S S S S S S S S S S S S S S S S S S S	ထွဲ	Ö
<del></del>					<del></del>	AGIS 31	56	
				· · · · · · · · · · · · · · · · · · ·		- <del>49</del>		
(If an effect Note: If	e date, if other than t tive date is listed, the date is the date inserted in this nt's effective date on the	nust be specific ar block does not	nd cannot be price meet the appli	cable statutory	or more than 90 d filing requireme	_ (optional) ays after filing.) Pu nts, this date wil	rsuant to I not be	605.020 listed a
f the reco b) The 9	ord specifies a delay 90th day after the r	red effective ecord is filed	date, but n l.	ot an effecti	ve time, at 1	2:01 a.m. on	the e	arlier o
Dated _		<u> </u>	.,					
	- NOMA	Signature of	member or aut	horized represen	tative of a member			_
	( <sup>'</sup>	$\Lambda \cap A$						

Page 3 of 3

Filing Fee: \$25.00