

W20000372525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

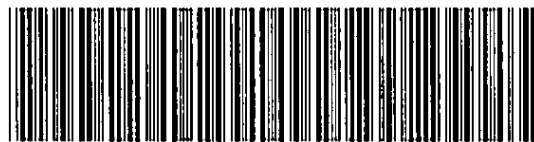
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/01/21--01038--004 **35.00

2021 MAR -1 P 1:21
FILED
MAR 1 2021
10:58 AM
APR 24

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blood Sweat and Beers Brewing LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sam Modzelewski
Name of Person
Blood Sweat and Beers Brewing LLC
Firm/Company
946 NE 80th St
Address
MIAMI FL 33138
City-State and Zip Code
Sam@EcoStructure.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sam Modzelewski at (305) 788-7483
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Blood Sweat and Beers 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 11/25/2020 and assigned Florida document number L20000372525.

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:

N/A

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

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2021 MAR 11 P 1:21
STATE OF FLORIDA
TALLAHASSEE

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>
<u>MGR</u>	<u>DANA VERA</u>	<u>6000 Strawberry Lakes Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Lake Worth, FL 33463</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>RICHARD WEXLER</u>	<u>7711 Great Oak Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Lake Worth, FL 33467</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>MARCUS VERA</u>	<u>1755 E HALLANDALE Bch Blvd</u>	<input type="checkbox"/> Add
		<u>Unit # 2105, Hallandale</u>	<input type="checkbox"/> Remove
		<u>Beach, FL 33009</u>	<input checked="" 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

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 2021 MAR - 1 3 05
 10:00 AM
 COUNTY CLERK'S OFFICE
 MIAMI, FL

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


N/A

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CLERK OF THE COURT
ALABAMA STATE COURTS

E. Effective date, if other than the date of filing: N/A (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 19th 21


Signature of a member or authorized representative of a member

Sam Modzelewski
Typed or printed name of signee