

From:

06/18/2019 12:12

#057 P.001/005

6/18/2019

Division of Corporations

H1900013601  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000190471 3)))



H190001904713ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : MURPHY AND ELLIS, PLLC  
Account Number : I20130000051  
Phone : (904)342-6009  
Fax Number : (904)425-2229

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: james@businesslawjax.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MG BUSINESS INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

T. GLASS  
Hsp

JUN 19 2019

From:

06/18/2019 12:13

#057 P.002/005

H19000190471 3

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BREWBOX FOODS, 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:

James T. Murphy, Esq.

Name of Person

Murphy & Ellis, PLLC

Firm/Company

121 W. Forsyth Street, Suite 800

Address

Jacksonville, Florida 32202

City/State and Zip Code

james@businesslawjax.com

E-mail address: (to be used for future annual report notification)

2019 JUN 18 PM 4:07

APPROVED  
AND  
FILED

For further information concerning this matter, please call:

James T. Murphy, Esq.

at (904) 342-6009

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

H19000190471 3

H19000190471 3

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BREWBOX FOODS, 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 May 20, 2019 and assigned  
Florida document number L190000136015.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10916 Atlantic Blvd., Unit 6

Jacksonville, Florida 32225

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:

*Enter Florida street address*

*City*

*Florida*

*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

2019 JUN 18 PM 4:07  
 APPROVED  
 FILED

H19000190471 3

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>
MGR, AMBR	Steven Stallone	525 N. Bridgestone Ave.	<input type="checkbox"/> Add
		St. Johns, Florida 32259	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Harlan Walden	14A Louisville Dr.	<input checked="" type="checkbox"/> Add
		Palm Coast, Florida 32137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bradley Burns	1701 1st Street	<input checked="" type="checkbox"/> Add
		Neptune Beach, Florida 32266	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Heather Schatz	4603 Marsh Hawk Place	<input checked="" type="checkbox"/> Add
		Ponte Vedra Beach, Florida 32082	<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

2019 JUN 18 PM 4:07

APPROVED  
AND  
FILED

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

2019 JUN 18 PM 4:07

APPROVED  
AND  
FILED

**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.

Dated June 18th, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee