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(Re	questor's Name)	
· (Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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ALLAHASSEE, FLORIDA

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J. BRYAN

NOV 1:9 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Microbrev	ved Fertilizer LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	pondence concerning this matte	r to the following:	
		Paul M Short	
		Name of Person	
	Mic	crobrewed Fertilizer LLC	
		Firm/Company	200 0 70
		944 18th Ave SW	10 NOV 18 PH 1:39 TALLAHASSEE, FLORID
		Address	SSEC D
		/ero Beach, FL 32962	FIST
		City/State and Zip Code	DATE DATE
	Paul@ E-mail address: (microbrewedfertilizer.com to be used for future annual report not	ification)
For further information	concerning this matter, please	cali:	
F	Paul M Short	at (772)	410-3033
Name	of Person		ne 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 enclose	S60.00 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

	Microbrewed Fertilizer LL				
(Name of the I	Limited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)			
The Articles of Organization for this Lin	nited Liability Company were filed on	07/07/0000	and assigned		
Florida document numberL090	00065413				
This amendment is submitted to amend t	the following:				
A. If amending name, enter the new n	name of the limited liability company h	<u>ere</u> :			
The new name must be distinguishable and "L.L.C."	end with the words "Limited Liability Com	pany," the designation "l	LLC" or the abbreviation		
Enter new principal offices address, if	applicable:		ALEGO X		
(Principal office address MUST BE A S	STREET ADDRESS)				
			SSEE OF PH		
Enter new mailing address, if applicab	ole:		1100 11		
(Mailing address MAY BE A POST OF	FICE BOX)		<u> </u>		
B. If amending the registered agen registered agent and/or the new registered	t and/or registered office address on ered office address here:	our records, enter	the name of the new		
Name of New Registered Agen	<u>ıt</u> :				
New Registered Office Address					
	E	Enter Florida street address			
	City	, Florida	Zip Code		
	· J				

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title Address **Type of Action** Name MGRM Dave Buckle 174 Morrell St ☐ Add Brantford, ON n3t 4-k5 CA ✓ Remove MGRM Jamie Priest 336 14th Ave ✓ Add Vero Beach, FL 32962 Remove Remove Remove \square Add □ Remove $\square \Lambda dd$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 16 2010 Dated__ Signature of a member or authorized representative of a member Paul M Short Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00