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Office Use Only



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J. SAULSBERRY EXAMINER OCT 4 2011

COVER LETTER

Division of Corporations		
SUBJECT: BUCCANFER BREWING, LLC Name of Limited Liability Company		
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:		
ROBERT A. BRIDGES Name of Person		
BUCCANEER BREWENGILLO		
1860 N. FT. HARRETSON AUE #	104	
CHARWATER, FL 35755 City/State and Zip Code bob @ buccaner brewing, Cos E-mail address: (to be used for future annual report notification)	2011 OCT -3 AM 8: SEGRETARY OF STATE	ī
For further information concerning this matter, please call:	-3	r> Marti
	지역 글 [
Name of Person at (727) 488-6300 Area Code & Daytime Telephone Number	8: 18	لد
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified C	e of Status &	
. MANUANC ADDRESS. STREET/COMPLED ADDRESS		

MAILING ADDRESS:

TO:

Registration Section

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

BUCCANEER BA	REWING, L	LC	
(<u>Name of the Limited Liability Col</u> (A Florida Limi	mpany as it now apper ted Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Comp	oany were filed on	8/15/2011	and assigned
Florida document number <u>L11060093258</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	e <u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	pany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u>S)</u>		A S E
	•		NETARY AHASSE
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			DREIT -
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter	the name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	E	Inter Florida street ad	dress
		, 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	GREBOTTY H. RAPP	11188 115Th ST LACCO, FL 33778 US	Add Remove
	DAWN E. RAPP	11188 115 # ST. LARCO, FL 33778 US	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	ALLAHASSE SECRETARY
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Dated	SEPTEMBER 27, 20	<u>811</u> .	
	Kalit	a R S	
	Signature of a membe	or or authorized representative of a member	
		H. BRIBGES d or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00