## L11000096290

(Red	questor's Name)	
(Add	tress)	
(Add	iress)	
(City	//State/Zip/Phone	: #)
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PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to F	iling Officer:	1
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2015 FEB 13 PM 12: 14
SECRETARY OF STATE

FEB 23 2015 J. HARRIS

## **COVER LETTER**

Div	ision of Corpo	prations		
SUBJECT:	BIG STOF	RM BREWERY, LLC		
sender.		Name of Limi	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return	all correspond	lence concerning this matter t	to the following:	
		Jonathan Golden		
			Name of Person	
			Firm/Company	
		4912 Creekside Driv	е	
			Address	
		Clearwater, FL 3376	0	
			City/State and Zip Code	<del></del>
		jg@bostonfinancegro	o be used for future annual report notific	
			·	ation)
For further in	formation con	cerning this matter, please ca	ıll:	
Jonathan	Golden		727 497-1661 Area Code Daytime	
	Name of P	erson	Area Code Daytime	l'elephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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:** 

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

BIG STORM BREWERY, L	.LC	
(Name of the Limit	ed Liability Company as it now an (A Florida Limited Liability Compa	<u>pears on our records.)</u> ny)
The Articles of Organization for this Limited Li Florida document number <u>L11000096290</u>	ability Company were filed or	08/22/2011 and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability compan	v here:
BIG STORM PASCO LLC		
The new name must be distinguishable and end with the	words "Limited Liability Company,"	•
Enter new principal offices address, if applic	able:	2015 SEC TALL
(Principal office address MUST BE A STREE	T ADDRESS)	A-22 - 10
		ASS.
	<del> </del>	
Enter new mailing address, if applicable:		PH IS
(Mailing address MAY BE A POST OFFICE)	POV)	RAT -
(Mulling undress MAT BE A FOST OF FICE	<u></u>	7.5
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:		on our records, enter the name of the new
New Registered Office Address:	4912 Creekside Drive	
New Registered Office Audiess.	Enter	Florida street address
	Clearwater	, Florida 33760
	City	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:	
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as reginated being filed to merely reflect a change in the acceptance of this company has been notified in writing of this	er and complete performance stered agent as provided far registered office uddress, the change.	in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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			Remove
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			Remove

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fective date must b	her than the date of files specific, cannot be prior to a filed by the Florida Departs	date of receipt or filed date and c	(optional) annot be more than 90 days after
fective date must b	e specific, cannot be prior to	date of receipt or filed date and c	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE