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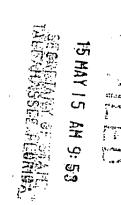
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MAY 21 2015

J SHIVERS

COVER LETTER

TO: Registration Sec Division of Corp	tion orations		
SUBJECT: Titu	Name of Limit	(company, Less Liability Company)	LC
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	_ Kathlee	Name of Person	
	Titusville	Brewing Company	y, LLC
	2950 Kno	OX McRae Driv Address	r <u></u>
	Titusville,	FL 32780 City/State and Zip Code	
	KH Burson E-mail address: (to	e a mail, com be used for future annual report notific	eation)
For further information co	ncerning this matter, please cal	11:	
Kathleln Name of	Burson	at (321) 543 - 2 Area Code Daytime 1	2574 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Themalla

Ra

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears and our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L13 000132251</u> .	were filed on 18 SEPT 201	3 and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabile Titus ville Organics, LLC The new name must be distinguishable and comfain the words Limited Liabile		abbreviation "L.L	C."
Enter new principal offices address, if applicable:	N.A.		
(Principal office address MUST BE A STREET ADDRESS)			
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 of registered agent and/or the new registered office address here		er the name of	of the new
Name of New Registered Agent:			Ser 6.92.
New Registered Office Address:	Enter Florida street address	5 A	Surgery State Stat
	, Florida	9	A CARE WAS
	City	- 2 φ 6	
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

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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