

L13 000 147 728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

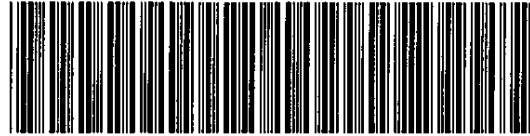
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 13 2014

I CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Walking Tree Brewery 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:

Michael Malone

Name of Person

Walking Tree Brewery LLC

Firm/Company

606 15th Ave

Address

Vero Beach, FL 32960

City/State and Zip Code

walkingtreebrewery@gmail.com

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

For further information concerning this matter, please call:

Michael Malone

at **772 528-5696**

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

2014 JUN 12 PM 1:33
TALLAHASSEE, FL 32301

Walking Tree Brewery LLC

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jeffery R Morein	516 Fiddlewood Rd	☒ Add
		Vero Beach, FL 32963	☐ Remove
MGR	Joseph L Labadie	685 42nd Ct.	☒ Add
		Vero Beach, FL 32968	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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			☐ Remove

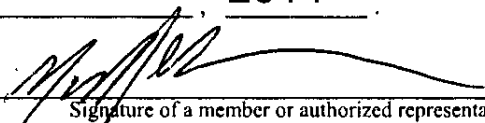
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LOCAL AUTHORITY
CLERK'S OFFICE

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 6th, 2014



Signature of a member or authorized representative of a member

Michael Malone

Typed or printed name of signee

2014 JUN 12 PM 1:30
CLERK OF STATE
TALLAHASSEE FLORIDA