

L13000156416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

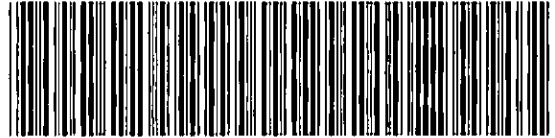
(Business Entity Name)

(Document Number)

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2022 NOV 21 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FL

11/21/2022 09:01 AM \$425.00

2022 NOV 21 PM 4:19

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GRAYROBINSON

Ashley Sadler | Ashley.Sadler@gray-robinson.com | D 850.577.6956
301 South Bronough Street, Suite 600, Tallahassee, Florida 32301 | T 850.577.9090 | F 850.577.3311

November 21, 2022

VIA HAND DELIVERY

Registration Section
Division of Corporations
2415 N. Monroe St., Ste. 810
Tallahassee, Florida 32303

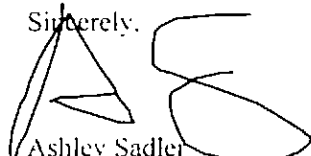
Re: Miami Beer Ventures, LLC
55 NW 25th Street
Miami, FL 33127

Dear Sir or Madam:

Enclosed please find Articles of Amendment to Articles of Organization and a check, payable to Florida Department of State Registration Section, in the amount of \$25.00 for the above listed entity.

Please contact me, directly, if you have any questions. I can be reached via e-mail (Ashley.sadler@gray-robinson.com) or phone (850-577-9090).

Sincerely,



Ashley Sadler
Licensing Specialist

AS/aws
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miami Beer Ventures 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:

Ashley Sadler, Licensing Specialist
Name of Person

GrayRobinson, P.A.
Firm/Company

301 S. Bronough St., Ste. 600
Address

Tallahassee, Florida 32301
City/State and Zip Code

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

For further information concerning this matter, please call:

Ashley Sadler, Licensing Specialist at (850) 577-9090
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 NOV 21 AM 9:01

Miami Beer Ventures LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 11/6/2013 and assigned
Florida document number L13000156416.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Marshall Hendrickson</u>	<u>125 W 24th Street</u>	<input type="checkbox"/> Add
		<u>New York, NY 10011</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>Secretary, MGR</u>	<u>Thomas Larson</u>	<u>One Busch Place</u>	<input type="checkbox"/> Add
		<u>St. Louis, MO 63118</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>Vice President</u>	<u>Robert Tharaeparambil</u>	<u>One Busch Place</u>	<input checked="" type="checkbox"/> Add
		<u>St. Louis, MO 63118</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>Secretary</u>	<u>James Mathis</u>	<u>One Busch Place</u>	<input checked="" type="checkbox"/> Add
		<u>St. Louis, MO 63118</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>Asst. Secretary</u>	<u>Erika Cohn</u>	<u>One Busch Place</u>	<input checked="" type="checkbox"/> Add
		<u>St. Louis, MO 63118</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>Vice President</u>	<u>Bryan Dixon</u>	<u>One Busch Place</u>	<input checked="" type="checkbox"/> Add
		<u>St. Louis, MO 63118</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Vice President	Daniel Preston	One Busch Place	<input checked="" type="checkbox"/> Add
		St. Louis, MO 63118	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
General Counsel	Marcus Reed	One Busch Place	<input checked="" type="checkbox"/> Add
		St. Louis, MO 63118	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2022 NOV 21 AM 9:01
SECURITY
TALLAHASSEE, FL

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SECURITY
TALLAHASSEE, FL

100

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 8, 2022

Theresa A. Thomas
Signature of a member or authorized representative

Lydia A. Thomas
Typed or printed name of signer