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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations					
	Florida Bee	r News, LLC					
SUBJECT:	Name of Limited Liability Company						
The enclosed	l Articles of	Amendment and fec(s) are sub-	mitted for filing.				
Please return	all correspon	ndence concerning this matter	to the following:				
		Mark DeNote					
			Name of Person				
			Firm/Company				
		695 Highland Street					
			Address				
		Brooksville, FL 34601					
			City/State and Zip Code				
		denotemark@gmail.com					
		E-mail address: (to be used for future annual report not	ification)			
For further in	nformation co	oncerning this matter, please ca	ıli:				
Mark DeNo	te		407 697-0740 at ()				
	Name of	Person	Area Code Daytin	Telephone Number			
Enclosed is a	check for th	e following amount:					
≡ \$25.00 F	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)			
	iling Addres		Street Address: Registration So	ection			
Registration Section Division of Corporations			Division of Co				
	D. Box 632	-	The Centre of				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Florida Beer News, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Torida document number $\frac{L13000178088}{L11000178088}$	were filed on December 23, 2013	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
Barrel-Aged Media, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or the a	
Inter new principal offices address, if applicable:		2020
Principal office address MUST BE A STREET ADDRESS)	695 Highland Street	
	Brooksville, FL 34601	
Inter new mailing address, if applicable:		7
Mailing address MAY BE A POST OFFICE BOX)	695 Highland Street	
Maning address MAT DE ATOST OFFICE DOST	Brooksville, FL 34601	 `
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nar</u>	ne of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	÷	гар стас

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>	Type of Action
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			☐Change
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<u>ote:</u> Il l	date, if other ive date is listed, the date inserted the date inserted the effective date	d in this block	does not me	eet the appli	icable statut	iling or more the	(option 90 days after uirements, this	onal) filing.) Pursuant (date will not b	to 605.0207 e listed as
ecord spis filed.	pecifies a delaye	ed effective da	te. but not a	ın effective	time, at 12:	01 a.m. on the	e earlier of: (b) The 90th day	after the
nted	ne 8		#	2020	<u> </u>				
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	<u> </u>	Sigi	nature of a m	ember or aut	thorized repre	esentative of a r	member		_

Filing Fee: \$25.00