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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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S. WARREN AUG 0 8 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 6, 2017

MICHAEL GERMOND 3725 NW 7TH AVE GAINESVILLE, FL 32607

SUBJECT: BEER BELLIES LLC Ref. Number: L14000025519

We have received your document for BEER BELLIES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 917A00013713

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| | gistration Se vision of Cor | | | 1 | |
|------------------|--------------------------------|---|---|--|--|
| OUD IEST. | Beer Bellie | s llc | | | |
| SUBJECT: | | Name of Lim | nited Liability Company | | |
| The enclosed | d Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return | all correspo | ondence concerning this matter | to the following: | | |
| | | Michael Germond | | | |
| | | | Name of Person | | |
| | | | Firm/Company | · · · · · · · · · · · · · · · · · · · | |
| | | 3725 NW 7th avc | | l | |
| | | | Address | | |
| | | Gainesville FL 32607 | lle FL 32607 | | |
| | | | City/State and Zip Code | | |
| | | mjhauler@gmail.com | | | |
| For further i | nformation c | E-mail address: (concerning this matter, please c | to be used for future annual report notif all: | ication) | |
| michael gen | mmond | | 352 6821250 at () | | |
| | Name o | of Person | | Telephone Number | |
| Enclosed is: | a check for th | he following amount: | | | |
| \$25.00 1 | 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: | | STREET/COURI | | | |
| | | ration Section on of Corporations | Registration Section Division of Corpora | | |
| | P.O. B | ox 6327 assec, FL 32314 | Clifton Building 2661 Executive Cer | nter Circle | |
| | | | Tallahassee, FL 323 | 301 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beer Bellies Ilc (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on February 13, 2014 and assigned Florida document number L14000025519 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." 3725 NW 7th ave Enter new principal offices address, if applicable: gainesville Fl 32605 (Principal office address MUST BE A STREET ADDRESS) 3725 NW 7th ave Enter new mailing address, if applicable: Gainesville Fl 32605 (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: Michael Germond Name of New Registered Agent: 3725 NW 7th ave New Registered Office Address: Enter Florida street address Gainesville 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. Of if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

f Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this 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> | Address | Type of Action |
|--------------|--------------------|-----------------------|---|
| Mgr | Richard F. Mahoney | 158 Hour Glass Circle | □ Add |
| | | Hawthorne Fl. 32640 | Remove |
| | | | □ Change |
| Maj | Michael j Germond | Gainesville Fl 32605 | ■ Add |
| | | | l □ Remove |
| | | | Change |
| | | | D Add |
| | | | Remove |
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| fective date, if other then the effective date is listed, the | ian the date of fi | ling: 6/8/2017 | | (optional) | D |
| n effective date is listed, the ote: If the date inserted in cument's effective date of | n this block does no | ot meet the applicable: | statutory filing requir | ements, this date v | will not be listed a |
| record specifies a d The 90th day after t | | | effective time, a | nt 12:01 a.m. (| on the earlier |
| ted Sox Jes | ne | <u> </u> | | | |
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| Lata | | of a member or authorized | representative of a me | mber | 7 AUG |
| | | | | | 55 7 |
| Michael Germor | nd | | | _ | |
| Michael Germor | nd | Typed or printed nar | ne of signce | | |
| Michael Germor | nd | Typed or printed nar | ne of signee | | |

Filing Fee: \$25.00