

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FLORIDA CRAFT DISTRIBUTORS LLC

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APR 07 2017

S. YOUNG

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TALLAHASSEE, FLORIDA
17 APR -6 AM 10:05

2017 APR -6 PM 12:09

H7000094680

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Craft Distributors, 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:

Judith A. Forsley
Name of Person

Florida Craft Distributors, LLC
Firm/Company

8 Western Avenue
Address

Kennebunk, ME 04043
City/State and Zip Code

jforsley@shipyard.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victoria Holland at (554) 640 0297
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

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TALLAHASSEE, FLORIDA
17 APR - 6 AM 10:05

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Florida Craft Distributors, LLC

(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 02/19/2014 and assigned
Florida document number L1400002844

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 "LLC."

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

Title	Name	Address	Type of Action
General Counsel	Mazer, Brandon J., Esq.	8 Western Avenue	<input type="checkbox"/> Add
		Kennebunk, ME 04043	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

(b) The 90th day after the record is filed.

Dated April 5, 2017.

Reviewed by POA
Signature of a member or authorized representative of a member

Victoria Holland (by POA)
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

This Instrument Prepared by:
SAMUEL A. RUBERT, P.A.
1225 Franklin Avenue, Suite C-101
Coconut Grove, FL 33133
Tel: (305) 804-5141
Fax: (305) 344-1798
Email: srubert@rubertlaw.com

POWER OF ATTORNEY

Known All Men By These Presents:

That JUDITH A. FORSLEY as MANAGER of FLORIDA CRAFT DISTRIBUTORS, LLC., has made, constituted and appointed, and by these presents does make, constitute and appoint SAMUEL A. RUBERT, DANIEL ILANI and VICTORIA HOLLAND true and lawful attorney for him and in his name, place and stead;

This instrument authorizes SAMUEL A. RUBERT, DANIEL ILANI and VICTORIA HOLLAND to: Receive or obtain any and all confidential information; submit any changes to any part of any application; have full power to perform any act or acts necessary and appropriate; and to substitute for said taxpayer, applicant, permit holder or licensee, solely, specifically, and exclusively in conjunction with a zoning application and/or an alcoholic beverage license application, before the State of Florida's Department of Revenue; Department of Public Health; Division of Hotels and Restaurants; the Division of Alcoholic Beverages and Tobacco; Palm Beach County and the City of Riviera Beach Building and Zoning Departments.

Giving and granting unto SAMUEL A. RUBERT, DANIEL ILANI and VICTORIA HOLLAND said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as he might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming for all that SAMUEL A. RUBERT, DANIEL ILANI and VICTORIA HOLLAND said attorney or their substitutes shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the ____ day of March in the year two thousand seventeen.

Signed and delivered in the presence of:

WITNESS
WITNESS

JUDITH A. FORSLEY, Manager of
FLORIDA CRAFT DISTRIBUTORS, LLC

STATE OF FLORIDA
COUNTY OF Hillsborough

The foregoing instrument was acknowledged before me this 23 day of March 2017, by JUDITH A. FORSLEY as Manager of FLORIDA CRAFT DISTRIBUTORS, LLC who personally appeared before me at the time of notarization, and who is personally known to me or who has produced FL DL as identification.

MARC JAY BERENBERG
NOTARY PUBLIC
STATE OF FLORIDA
CERT. #067260
Expires 12/17/2017
NOTARY PUBLIC, State of Florida
My Commission Expires:

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TALLAHASSEE, FLORIDA
17 APR - 6 AM 10: 05