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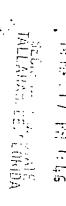
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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A Shivers MAR 1.9 2014

COVER LETTER

TO: Registration Section
Division of Corporations

URLECT: Cape Coral Brewing Company Ilc

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:

Heidi A Moore-Hart

Name of Person

Cape Coral Brewing Company

Firm/Company

5325 SW 23rd Ave

Address

Cape Coral, FL 33914

City/State and Zip Code

heidimoorehart@gmail.com

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

For further information concerning this matter, please call:

Heidi A Moore-Hart

239,628-8500

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cape Coral Brewing Company, 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 19, 2014 and assigned Florida document number <u>L</u>14000028556 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 end with 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 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Name	Address	Type of Action
AMBR	Christopher L. Hart	5325 SW 23rd Ave	🗆 Add
		Cape Coral, FL 3391	4 ■ Remove
			— Add
			□ Remove
			Add
			Remove
			□ Add
			☐ Remove
		7.0 7.0 0>	TO TOP
	/	1	□ Add _□ Remove

Page 2 of 3

D. If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Hopefully I've completed this form properly. My intent is to remove Christopher L. Hart
	from the Cape Coral Brewing Company IIc articles. Please advise if anything else
	is required. Thank you.
(The c	ective date, if other than the date of filing: (uptional) effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
Date	Friday March 14 , 2014
	Signature of a member or authorized representative of a member
	Heidi A. Moore-Hart
	Typed or printed name of signee

Page 3 of 3

rage 3 of 3
Filing Fee: \$25.00 \(\frac{1}{5}, \text{ oo} = \frac{4130}{15}

Certifical of Status = \frac{1}{15}