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Office Use Only



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COVER LETTER

Divi	ision of Cor	porations				
SUBJECT:	THE HOU	RGLASS BREWERY, LLC				
		Name of Lim	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		TREVOR K. BREWER				
			Name of Person			
		BREWERLONG PLLC				
	Firm/Company					
		620 N WYMORE RD STE	E 270			
		- 10 Mar 444	Address			
		MAITLAND, FL 32751				
			City/State and Zip Code			
		TBREWER@BREWERLO				
		E-mail address: (to be used for future annual report notific	cation)		
For further in	nformation co	oncerning this matter, please ca	all:			
TREVOR B	REWER		407 660-2964			
	Name of	Person	at ()Area Code Daytime	Telephone Number		
Enclosed is a	check for th	e following amount:				
\$25.00 F	iling 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:

TO:

Registration Section

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

THE HOURGLASS BREWERY, LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records. ed Liability Company))
The Articles of Organization for this Limited Liability Compa	nny were filed on 02/27/2014	and assigned
lorida document number L14000033961		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability 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)		
		ALC AL TIL
	· · · · · · · · · · · · · · · · · · ·	PA 5 (man)
Inter new mailing address, if applicable:		33 8 5
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Mailing address MAY BE A POST OFFICE BOX)		
		1: 15 STATE 1: 08:15
3. If amending the registered agent and/or registered		· • •
egistered agent and/or the new registered office address h	<u>iere</u> :	
Name of Nau Basistaned Asset		
Name of New Registered Agent:		
New Registered Office Address:	,	
	Enter Florida street address	
	, Flor	rida
	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>	Type of Action
MGR	CONLEY, SKY	308 DORNACH CT	□ Add
		WINTER SPRINGS, FL 32708	■ Remove
			Add
			Remove
			Change
			Add
		****	☐ Remove
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If an effe Note:	ve date, if other than the date of filing:
ne rec The	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier 0 90th day after the record is filed.
Dated ₋	August 25, 2015.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00