114000041752

(Re	equestor's Name)	
(Ac	idress)	-
(Ac	ldress)	<u> </u>
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800296049098

03/02/17--01011--004 **25.00

2017 MAR -2 AM 10: 23
PALLAHASSEE, FLORIDA

K. SALY MAR - 6 2017

COVER LETTER

	ration Secon of Corp			
Ra SUBJECT:	instorm B	rewing Company LLC		
			ted Liability Company	
The enclosed Ar	ticles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		Anna Heineman		
			Name of Person	148 17 1
		Rainstorm Brewing Compa	ny LLC	
			Firm/Company	4-0
		PO Box 6188	·	
			Address	and the state of t
		Gainesville, FL 32627		
		anna.m.heineman@gmail.co	City/State and Zip Code	
			o be used for future annual report notific	cation)
For further infor	mation co	ncerning this matter, please ca	dl;	
Anna Heineman	ı		641 990-0950 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a ch	eck for the	following amount:		
類 \$25.00 Filin	g Fec	☐ \$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



Rainstorm Brewing Company 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 3/12/2014 and assigned Florida document number __,14000041752 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Cypress & Grove Brewing Company LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1001 NW 4th St. Enter new principal offices address, if applicable: Gainesville, FL 32601 (Principal office address MUST BE A STREET ADDRESS) PO Box 6188 Enter new mailing address, if applicable: Gainesville, FL 32627 (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

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

Florida _

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	<u>Name</u>	Address	Type of Action
MGR	Anna Heineman	PO Box 6188	≅ Add
		Gainesville, FL 32627	□ Remove
			Change
			□ Add
			☐ Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			□ Add
			Themove T
			OF Change
			Remove
			☐ Change
	,		□ Add
			☐ Remove
	,		Change
			Add
			☐ Remove
		•	□ Change

				····		
				•		
				····		- <u></u>
					更多	<u> </u>
				<u> </u>	· <u>~ C</u>	- 7
						(A) (A)
					, , , , , , , , , , , , , , , , , , ,	102 多
						4/0
						35
		· · · · · · · · · · · · · · · · · · ·				
				<u>, , , , , , , , , , , , , , , , , , , </u>		
					•	_
<u>, , , , , , , , , , , , , , , , , , , </u>						
				<u></u>		
Tective date, if other then the neffective date is listed, the tet: If the date inserted in cument's effective date of	date must be specific this block does no	and cannot be prior of meet the applic	able statutory fili	more than 90 days a	ptional) fter filing.) Pursu this date will n	ant to 605.0207 ot be listed as
record specifies a d The 90th day after t	elayed effectiv he record is file	e date, but no ed.	t an effective	time, at 12:0	1 a.m. on th	ne earlier of
Feburary 28	<u> </u>	-, 2017				
	ema	of a member or auth	nema	an		

Page 3 of 3

Filing Fee: \$25.00