

L140000061770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

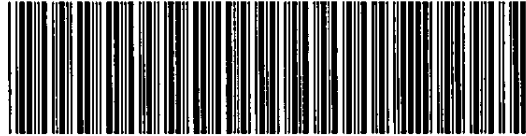
(Business Entity Name)

(Document Number)

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15 MAR 19 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend  
not*

B Tadlock APR 14 2015

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMELIA ISLAND BREWING 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:

THOMAS J. PELLETIER

Name of Person

AMELIA ISLAND BREWING LLC

Firm/Company

P.O. BOX 15123

Address

FERNANDINA BEACH FL 32035

City/State and Zip Code

tpe1133@gmail.com

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

For further information concerning this matter, please call:

THOMAS J. PELLETIER

Name of Person

at

904

Area Code

556-3894

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**

AMELIA ISLAND 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 04/15/2014 and assigned  
Florida document number L14000061770

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)**

90062 CADE STREET

YULEE FLORIDA

32097

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

P.O. BOX 15123

FERNANDINA BEACH FL

**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:

THOMAS J. PELLETIER

New Registered Office Address:

96002 CADE STREET

Enter Florida street address

Yulee

City

Florida

32097

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.

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Thomas J. Pelletier  
**If Changing Registered Agent, Signature of New Registered Agent**

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>THOMAS J. Pelletier</u>	<u>96002 Cade Street</u>	<input checked="" type="checkbox"/> Add
		<u>Yulee Florida</u>	<input type="checkbox"/> Remove
		<u>32097</u>	
<u>MGR</u>	<u>JOSE ROBERTO G. PES TANA</u>	<u>2181 LAKE side DR.</u>	<input checked="" type="checkbox"/> Add
		<u>FERNANDINA BEACH</u>	<input type="checkbox"/> Remove
		<u>FLORIDA 32034</u>	
<u>MGR</u>	<u>ALBERT G. WALDIS</u>	<u>615 DONNIE LN</u>	<input checked="" type="checkbox"/> Add
		<u>FERNANDINA BEACH</u>	<input type="checkbox"/> Remove
		<u>FL 32034</u>	
<u>MGR</u>	<u>ROBERT T. HOGAN</u>	<u>5486 FLORENCE PT</u>	<input checked="" type="checkbox"/> Add
		<u>DR. #</u>	<input type="checkbox"/> Remove
		<u>FERNANDINA BEACH FL 32034</u>	
<u>MGR</u>	<u>WENDY HOGAN</u>	<u><del>5484</del> 5486 FLORENCE PT</u>	<input checked="" type="checkbox"/> Add
		<u>DRIVE</u>	<input type="checkbox"/> Remove
		<u>FERNANDINA BEACH FL 32034</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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: 0 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 03-16-2015

✓ 

Signature of a member or authorized representative of a member

THOMAS J. PELLETIER.

Typed or printed name of signee