

L14 0000 65833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700334405727

2019 SEP 16 AM 8:27

FILED

V. SULLKER

SEP 26 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South Florida Craft Beer, 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:

Robert Regan
Name of Person

South Florida Craft Beer, LLC
Firm/Company

7360 SW 41st St
Address

Miami, FL 33155
City/State and Zip Code

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

For further information concerning this matter, please call:

Robert Regan at (703) 861-1833
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

South Florida Craft Beer, 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 April 23, 2014 and assigned
Florida document number L14000065833.

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 "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:

Robert T. Regan

New Registered Office Address:

7360 SW 41st St

Enter Florida street address

Miami

City

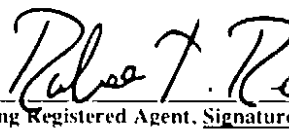
Florida

33155

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> | <u>Type of Action</u> |
|--------------|-------------------------|---------------------------------|--|
| <u>MGR</u> | <u>Robert T. Regan</u> | <u>7360 SW 41st St</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Miami, FL 33155</u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u>AMBR</u> | <u>Falco, John A.</u> | <u>263 SW 179 Ave</u> | <input type="checkbox"/> Add |
| | | <u>Pembroke Pines, FL 33029</u> | <input checked="" type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u>AMBR</u> | <u>Maxwell, John T.</u> | <u>1583 SW 191 Ave</u> | <input type="checkbox"/> Add |
| | | <u>Pembroke Pines, FL 33029</u> | <input checked="" type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u></u> | <u></u> | <u></u> | <input type="checkbox"/> Add |
| | | <u></u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u></u> | <u></u> | <u></u> | <input type="checkbox"/> Add |
| | | <u></u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u></u> | <u></u> | <u></u> | <input type="checkbox"/> Add |
| | | <u></u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

9/9/2015

Signature of member or authorized representative of a member

Robert T. Reagan

Typed or printed name of Signee