L140000 65833

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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R. WHITE. FEB 17 2020

COVER LETTER

TO: Registration Sect Division of Corpo					
- South Florid	la Craft Beer LLC	•			
SUBJECT:					
	Name of Limi	ted Liability Company			
The enclosed Articles of A	mendment and fee(s) are subt	nitted for filing.			
Please return all correspond	dence concerning this matter t	to the following:			
	John Falco				
	Name of Person				
	South Florida Craft Beer I	۲۲.			
	Firm/Company				
	7360 SW 41st St				
		Address			
	Miami, FL 33155				
	sflcraftbeer@gmail.com	City/State and Zip Code			
	E-mail address: (t	o be used for future annual report notific	cation)		
For further information cor	ncerning this matter, please ca	II:			
John Falco		305 912-7390			
Name of I	⁹ erson	at ()	Telephone Number		
Enclosed is a check for the	following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	S55.00 Filing Fee &	□ \$60.00 Filing Fee.		
= 323.36 Fining Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration Sect	ion		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Florida Craft Beer LLC

21 7 2:17

(Name of the Limi	ted Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)	
The Articles of Organization for this Limited L Florida document number	iability Company were fil	ed on	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	of the limited liability con	npany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	any," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli	rable:		
Principal office address MUST BE A STREE	ET ADDRESS)		
		_	
2			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/or		on our records, enter the i	name of the new regi
gent and/or the new registered office addre	ss here:		
Name of New Registered Agent:	John Falco		*11
New Registered Office Address:	7360 SW 41st St		
		Enter Florida street address	·
	Miami	, Florida	33155 a
	Сиу		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>	Address	Type of Action
AMBR John Falco	John Falco	7360 SW 41st St	3.
		Miami, FL 33155	■Add
			Remove
			□Change
MGR Robert T Regan	Robert T Regan	7360 SW 41st St	
		Miami, FL 33155	□Add
			■Remove
			□Change
		···	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. December 19 2019 Dated

Signature of a member or authorized representative of a member

Robert T. Regan

Typed or printed name of signee

Filing Fee: \$25.00