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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	; #)
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APR 1 8 2017 S. YOUNG SECRETARY OF STATE TALEAHASSEE FLORID

COVER LETTER

TO: Registration Se Division of Cor			
	BARLEY BREWING COMPA	NY, LLC	
SUBJECT:	Name of Lim	ited Liability Company	· <u> </u>
	Amendment and fee(s) are sub		
	TOBIN TURNEY		
		Name of Person	
	WICKED BARLEY BRE	WING COMPANY, LLC	
		Firm/Company	
	4100 BAYMEADOW ROAD Address		$ \mathcal{F}_{\mathcal{Q}}$
	JACKSONVILLE, FL 322	217	TAS THAS
	owners@wickedbarley.com	City/State and Zip Code	LAHASSEE FLORIUS
		to be used for future annual report notifi	ication) ω 5
For further information of	concerning this matter, please c	all:	
TOBIN TURNEY		904 610-4493	
Name o	of Person	at (Telephone Number
Enclosed is a check for the	he 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)
MAIL	JNG ADDRESS:	STREET/COURI	ER ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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mpany as it now appears on our record ted Liability Company)	<u>ds.</u>)
any were filed on 05/14/2014	and assigned
liability company here:	
iability Company," the designation "LLo	C" or the abbreviation "L.L.C."
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- 	7.
d office address on our record here:	ds, enter the name of the new
Enter Florida street addre	?\$\$
	lorida
City	Zip Code
	iability Company here: iability Company here: iability Company," the designation "LL office address on our record

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
MGR	BAKER, BRETT	4100 BAYMEADOWS ROAD	
		JACKSONVILLE, FL 32217	■ Remove
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		□ Add	
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			Remove
			☐ Change

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04/44/0017	
date, if other than the date of filing: O4/14/2017 (option to date of filing or more than 90 days after the date	onal) filing) Pursuant to 605 0207 (3)(
he date inserted in this block does not meet the applicable statutory filing requirements, this	date will not be listed as the
's effective date on the Department of State's records.	
d specifies a delayed effective date, but not an effective time, at $12:01\ a$ th day after the record is filed.	a.m. on the earlier of:

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00