## 14/000116427

(R	equestor's Name)
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PICK-UP	WAIT MAIL
	usiness Entity Name)
(C	ocument Number)
Certified Copies	Certificates of Status
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J. LEGGETT APR 0 3 2018

## **COVER LETTER**

	ision of C	orporations			
enn merer.	твм ег.	ANCHISE CO., LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	đ Artiele <b>s</b> o	of Amendment and fee(s) are sub	mitted for filing.		
Please returi	all corres	pondence concerning this matter	to the following:		
		GREG GOODRICH			
			Name of Person		
		THE BEER MARKET, LI	.C		
Firm/Company 204 AVILA ROAD					
	WEST PALM BEACH, FLORIDA 33405				
		GREG@BEERHEADBAR	City/State and Zip Code		
	Ì	—	to be used for future annual report noti	fication)	
For further i	nformation	concerning this matter, please ca	all:		
GREG GOO	DRICH		440 610-3411		
	Nam	e of Person	at () Area Code Daytim	e Telephone Number	
		the following amount:			
□ \$25.00 E	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)	
	Regi	LING ADDRESS: tration Section ion of Corporations	STREET/COURI Registration Section Division of Corpor	n	
	P.O.	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Ce Tallahassee, FL 32	enter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TBMPRANCHISE CO., 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  $\frac{7/24/2014}{}$ \_\_\_\_ and assigned Florida document number 1.14000116427 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BEERHEAD FC, LLC 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: 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 mere y reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person—being added</u> or removed from our records:					
MGR = - AMBR =	Manager Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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If am	ending at	y other information, enter change(s) here: (Attach additional sheets, if necessary.,	)	
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ffect	tive date.	other than the date of filing: (optional)		
an ei iote:	Tective date If the date	slisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) inserted in this block does not meet the applicable statutory filing requirements, this date we true date on the Department of State's records.		
		fies a delayed effective date, but not an effective time, at 12:01 a.m. o after the record is filed.	n the	earlier o
ated	MARCH	2018		
		Cleus rook I		
		Signature of a member or authorized representative of a member		
	GRE	GOODRICH		

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Filing Fee: \$25.00