

L14000118205

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STATE OF ARIZONA
DEPARTMENT OF REVENUE

M. MILLIGAN
EXAMINER

APR 14 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAPE CORAL BREWING & DISTILLING COMPANY, 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:

William B. Scovill, Esquire
Name of Person

Bart Scovill, PLC
Firm/Company

5104 N. Lockwood Ridge Road, Suite 102
Address

Sarasota, FL 34234
City/State and Zip Code

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

For further information concerning this matter, please call:

William B. Scovill, Esquire at **941** **351-7280**
Name of Person Area Code 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**

FILED
MAR 23 AM 10:51
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
MONTESSA, FLORIDA

CAPE CORAL BREWING & DISTILLING 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 July 28, 2014 and assigned Florida document number L1400018205.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SEVEN OAKS BREWING CO., LLC

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:

1227 Miramar Street

(Principal office address MUST BE A STREET ADDRESS)

Cape Coral, FL 33904

Enter new mailing address, if applicable:

1227 Miramar Street

(Mailing address MAY BE A POST OFFICE BOX)

Cape Coral, FL 33904

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

_____, **Florida** _____
City *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 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>
MGRM	Althor, LLC	1227 Miramar Street	<input type="checkbox"/> Add
		Cape Coral, FL 33904	<input checked="" type="checkbox"/> Remove
MGRM	Dario Brennwald	1219 Lafayette Street	<input type="checkbox"/> Add
		Cape Coral, FL 33904	<input checked="" type="checkbox"/> Remove
AMBR	Thorsten Stein	1227 Miramar Street	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33904	<input type="checkbox"/> Remove
AMBR	Albrennwal'd, LLC	5104 N. Lockwood Ridge Road	<input checked="" type="checkbox"/> Add
		Suite 102	<input type="checkbox"/> Remove
		Sarasota, FL 34234	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

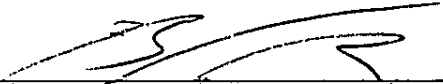
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (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 March 20, 2015



Signature of a member or authorized representative of a member

William B. Scovill, Esquire

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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DEPARTMENT OF STATE
CORPORATION SERVICES DIVISION