

L14000145101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

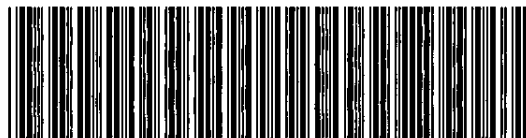
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

ISLAMORADA BREWING COMPANY LLC

SUBJECT: _____
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:

Tyrone Bradley

Name of Person

ISLAMORADA BREWING COMPANY LLC

Firm/Company

3005 SW 2nd. Ave Suite 101

Address

Fort Lauderdale, FL 33315

City/State and Zip Code

info@islamoradabeerco.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyrone Bradley

954

605-4452

at (_____) _____

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**

ISLAMORADA BREWING 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 09/16/2014 and assigned
Florida document number L14000145101.

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)

3200 St. Lucie Blvd.

Fort Pierce, FL 34945

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3005 SW 2nd Ave., Suite 101

Fort Lauderdale, FL 33315

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:

Tyrone Bradley

New Registered Office Address:

3005 SW 2nd. Ave., Suite 101

Enter Florida street address

Fort Lauderdale

Florida

City

33315

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>
MGR	Tyrone Bradley	825 SW 16th Court	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33315	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christopher Trentine	163 Sioux St	<input checked="" type="checkbox"/> Add
		Tavernier, FL 33070	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nikolaus Schroth	1307 Chippewa St.	<input checked="" type="checkbox"/> Add
		Jupiter Fl 33458	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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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)

(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 6050207-(3)(b)

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.

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SECRETARY OF
TALLAHASSEE, FLORIDA
URGENT TO 601-0207-3(X)
ALL BE LISTED AS THE

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.

Dated October 5, 2015

Signature of member or authorized representative of a member

Whitney B. Trentine
Typed or printed name of signer