

L14000163664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2022 AUG 25 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: de Bine Brewing Company

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:

Nicole Nichols

Name of Person

de Bine Brewing Company

Firm/Company

993 Florida Avenue

Address

Palm Harbor, Florida 34683

City/State and Zip Code

nicole@debine.com

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

For further information concerning this matter, please call:

Nicole Nichols

727

656-0424

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 Address:**

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

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TALLAHASSEE, FL  
SECRETARY OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

de Bine 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 01/03/2022 and assigned  
Florida document number L14000163664.

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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TALLAHASSEE, FL

**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 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	Aaron Jarrell	993 Florida Avenue	<input type="checkbox"/> Add
		Palm Harbor, Florida 34683	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nicole Waterhouse	993 Florida Avenue	<input type="checkbox"/> Add
		Palm Harbor, Florida 34683	<input type="checkbox"/> Remove
		(Name Change- Married)	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Marriage license attached

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TALLAHASSEE, FL

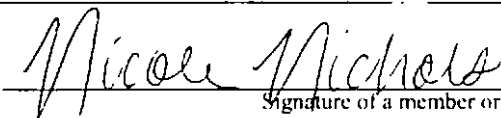
**E. Effective date, if other than the date of filing:** 08/22/2022 **(optional)**

*(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 605.0207 (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.

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 \_\_\_\_\_, \_\_\_\_\_



Signature of a member or authorized representative of a member

Nicole Nichols

Typed or printed name of signee

**Filing Fee: \$25.00**

Department of Health • Office of Vital Statistics  
STATE OF FLORIDA  
MARRIAGE RECORD  
TYPE IN UPPER CASE  
USE BLACK INK  
This license not valid unless read at Court  
Created in County Court, appears Permanent

(STATE FILE NUMBER)

2022 ML 5358060

License is valid to marry in

APPLICATION TO MARRY			
1 NAME OF SPOUSE (Last, First, Middle)		2 NAME OF SPOUSE (Last, First, Middle)	
NICOLE ASHLEY WATERHOUSE		WATERHOUSE	
3 RESIDENCE CITY, COUNTY OR LOCATION		4 RESIDENCE CITY, COUNTY OR LOCATION	
PALM HARBOR		NEW MEXICO	
5 DATE OF BIRTH (Last, First, Middle)		6 DATE OF BIRTH (Last, First, Middle)	
BENJAMIN CHRISTOPHER NICHOLS		08/23/1985	
7 RESIDENCE CITY, COUNTY OR LOCATION		8 RESIDENCE CITY, COUNTY OR LOCATION	
PALM HARBOR		KENTUCKY	
9 I, THE APPLICANT, HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL, OBSTACLE TO THE MARRIAGE EXISTS, AND WE ARE NOT APPLYING FOR LICENSE TO MARRY			
10 SIGNATURE OF SPOUSE (Sign and name using black ink)		11 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)	
> Nicole Waterhouse		01/08/2022	
12 TITLE OF OFFICIAL		13 SIGNATURE OF OFFICIAL (Sign and name)	
DEPUTY CLERK		> [Signature]	
14 SIGNATURE OF SPOUSE (Sign and name using black ink)		15 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)	
> Benjamin Nichols		01/08/2022	
16 TITLE OF OFFICIAL		17 SIGNATURE OF OFFICIAL (Sign and name)	
DEPUTY CLERK		> [Signature]	
LICENSE TO MARRY			
18 AUTHORIZATION AND LICENSE IS HEREBY GRANTED TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO MARRY			
19 A LICENSE TO MARRY IS HEREBY GRANTED TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO MARRY			
20 A LICENSE TO MARRY IS HEREBY GRANTED TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO MARRY			
21 COUNTY ISSUING LICENSE		22 DATE LICENSE ISSUED	
PINELLAS		01/08/2022	
23 DATE LICENSE EXPIRES		24 EXPIRATION DATE	
01/09/2022		03/07/2022	
25 SIGNATURE OF COURT CLERK (Sign and name)		26 TITLE	
> [Signature]		CLERK OF THE CIRCUIT COURT AND COMPTROLLER	
27 AB		AB	
CERTIFICATE OF MARRIAGE			
28 I HEREBY CERTIFY THAT THE ABOVE NAMED COUPLES HAVE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.			
29 DATE OF MARRIAGE (Last, First, Middle)		30 CITY, COUNTY OR LOCATION OF MARRIAGE	
01/10/2022		PALM HARBOR, FLORIDA	
31 SIGNATURE OF MINISTER (Sign and name)		32 SIGNATURE OF SPOUSE (Sign and name)	
> Bowles		> SAW CHRISTOPHER OR DUNEDIN, FL 34498	
33 TITLE OF MINISTER (Sign and name)		34 SIGNATURE OF SPOUSE (Sign and name)	
ZACHARY BOWLES		> KENDALL NICHOLS	
MINISTER (I.D. 717419)		>	

CIRCUIT COURT, STATE OF FLORIDA-PINELLAS COUNTY  
I hereby certify that the foregoing is a true  
copy as recorded in the official records of  
Pinellas County  
On 01-10-2022  
At the Court Clerk's Office  
Clerk of Court  
Deputy Clerk