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| ☐ PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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September 9, 2016

DOUGLAS DOZARK 345 12TH AVENUE NE ST. PETERSBURG, FL 33701

SUBJECT: ORANGE BELT BREWING L.L.C.

Ref. Number: L15000003927

We have received your document for ORANGE BELT BREWING L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 516A00019205

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|---|---|--|
| Orange Bo | elt Brewing | | |
| | Name of Lin | nited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Douglas Dozark | | |
| | | Name of Person | |
| | Orange Belt Brewing | | |
| | | Firm/Company | |
| | 345 12th Avenue NE | | |
| | | Address | 2g |
| | St. Petersburg, Florida 3 | 3701 | 200 SET |
| | | City/State and Zip Code | |
| | KRAOD® G. M. E-mail address: | (ATL COM to be used for future annual report notifi | cation) |
| For further information | concerning this matter, please c | | |
| Douglas Dozark | | at (727) 4/8 9 | 9. 10 |
| Name | of Person | at (727) 418 9 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

| Orange Belt Brewing | | | |
|---|---|--|----------------------------------|
| (Name of the Limits | d Liability Compa (A Florida Limited I | ny as it now appears on our recor iability Company) | rds.) |
| The Articles of Organization for this Limited Li lorida document number L15000003927 | ability Company | were filed on 8 January 2015 | and assigned |
| his amendment is submitted to amend the follo | owing: | | |
| . If amending name, enter the new name of | the limited liab | ility company here: | |
| ne new name must be distinguishable and contain the w | ords "Limited Liabil | lity Company," the designation "LL | .C" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) | | 345 12th Avenue NE | |
| | | St. Petersburg, Florida 33701 | To the second |
| | | | |
| nter new mailing address, if applicable: | | (above) | 29 7 |
| Mailing address MAY BE A POST OFFICE BOX) | | | |
| • | | | |
| . If amending the registered agent and/egistered agent and/or the new registered of Name of New Registered Agent: | | <u>e</u> : | ds, <u>enter the name of the</u> |
| Now Project and Office Address. | 345 12th avenu | e NE | |
| New Registered Office Address: | | Enter Florida street addre | ess |
| | St. Petersburg | F | lorida 33701 |
| | | 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> | Address | Type of Action |
|--------------|-----------------|--------------------------|----------------|
| MGR | Peggy Wesselink | 2301 2nd Street S | □ Add |
| | | St. Petersburg, FL 33705 | ■ Remove |
| | | | ☐ Change |
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| fective date, if other than | : must be specific and | cannot be brior to c | e statutory filing re | equirements, thi | s date will n | not be listed a |
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Filing Fee: \$25.00