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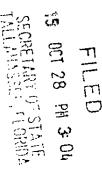
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PICK-UP	☐ WAIT	MAIL
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S. YOUNG 0012 9 2015

TO: Registration Se Division of Cor	ction ' porations	•	
SUBJECT:	Brix Proj Name of Lin	ect Blewely lited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Bryan	Name of Person	
	Playalina	Balwing Firm/Company	Co. FEBRUAR BY
	3405 S. 1	Jashington f	1/4.
	Titusvill	e F1. 32780 Chy/State and Zip Code	3: 0t
	by yan @ E-mail address (to be used for future annual report notifi	wing, com
For further information co	oncerning this matter, please co	all:	
By yan	Person	at (321) 433- Area Code Daytime	5424 Telephone Number
Enclosed is a check for th	e 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

Brix Proise	+ Brewlery.	LLC
(Name of the Limited Liability Co	ompany as it now appears on ounited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L1500009196</u>	pany were filed on O	and assigned
This amendment is submitted to amend the following:		i
A. If amending name, enter the new name of the limited	liability company here:	TALLA SECRE
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_ 50 - 6
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our i	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et 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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Raike, Ronald M	5542 Riveroaks Dr.	\ Add
		Titusville, FI.	Remove
		32780	Change
MGR	Raike, Katherine B	5542 River Oaks Dr.	X Add
		Titusville, Fl.	Remove
		32780 营	Change
			DA D
			Remove
		7	Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
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ctive date, if other tl	han the date of fili	ng:		(optic	onal)
effective date is listed, the	date must be specific a	nd cannot be prior to	date of filing or more th	ian 90 days after	filing.) Pursuant to 605.
e: If the date inserted inment's effective date of	on the Department of	State's records.	e statutory ming req	uirements, this	date will not be liste
ecord specifies a c	delayed effective	date, but not a	n effective time	, at 12:01 a	.m. on the earlie
ne 90th day after t	the record is filed	l.			
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Filing Fee: \$25.00