## 45000021569

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## **COVER LETTER**

TO		egistration Se ivision of Cor		<i>P</i>	
en	D IECT	NO.3, LLC			
50	вувст	:	Name of Lim	ited Liability Company	
The	e enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Ple	ase retu	rn all correspo	ndence concerning this matter	to the following:	
			Nicholas Monteleone		
				Name of Person	
			No.3, LLC		
				Firm/Company	
			1319 Cape Coral Pkwy E		
				Address	
			Cape Coral, FL 33904		
				City/State and Zip Code	
			nicholas@no3brew.com		
			E-mail address; (	to be used for future annual repo	ort notification)
For	further	information co	oncerning this matter, please ca	all;	
Nic	:holas X	fonteleone		239 313-0- at ()	
		Name of	Person	Area Code [	Daytime Telephone Number
Enc	Hosed is	a check for th	ne 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

NO.3, LLC			
( <u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records.) mited Liability Company)		
The Articles of Organization for this Limited Liability Con-	npany were filed on 02/04/2015	and assigned	d
Florida document number 1.15000021569			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC" or	the abbreviation "L.L.C."	
•	•	<b>.</b>	∑:∑:
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>	<u>'</u>	<u></u>
		<u> </u>	<u> </u>
		<b>3</b>	19 44 19
Enter new mailing address, if applicable:		<u> </u>	<u>;; :</u>
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	7
		· <del></del>	
B. If amending the registered agent and/or register	red office address on our records, e	nter the name of ti	he ne
registered agent and/or the new registered office addres		· · · ·	
Name of New Registered Agent:			
New Registered Office Address:			
new regarded office (radicas).	Enter Florida street address		
	. Florid	la	
<del></del>	City	Zin 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	Clint Thomas	401 SW 35th Place	Add
		Cape Coral, FL 33991	□ Remove
			Change
			Add
			□ Remove
			Change
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		<del></del>	□ Remove
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m effective date ote: If the date	if other than the dat is listed, the date must be e inserted in this block ctive date on the Depar	specific and car does not mee	nnot be prior to t the applica	o date of filing ble statutory	or more than 90 filing requirem	(optional) days after filing. cents, this date	) Pursuant to 605.02
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