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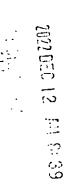
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

TO:	Registration Se Division of Cor			. ,		4
SUBJI	ест: <u><i>Gul</i></u>	F Coast Brewer	ited Liability Company	's Hop Shop		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
			chel Moehle Name of Person			
		Ooc	S Hop Shop Firm/Company			
			Heinherg 5t. Address		er.	2(
		Pensac	Ola FL 325 City/State and Zip Code 15 hrewery @ 9 ma to be used for future annual report notifi	702	-18 	2022 DEC 1
				cation)		2
For lur	ther information c	oncerning this matter, please ca	all:		• • •	က ယ
	M, che Name of	Person	at (<u>\$50</u>) <u>5 72</u> Area Code Daytime	Telephone Number		(
Enclos	ed is a check for th	ne following amount:				
X \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate Certificate Certified (additional c	e of Status Copy	
	Mailing Addres Registration S		Street Address: Registration Sec	tion		
	Division of C	orporations	Division of Corp	orations		
	P.O. Box 632		The Centre of Ta		Λ	
	Tallahassee, l	1L 32314	2415 N. Monroe	Street, Suite 81	U	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gulf Gast Brewery, LCC du Doc's Hop Shop

(Name of the Limited Li (A FI	ahility Company as it now appears on ou orida Limited Liability Company)	r recórds.)
The Articles of Organization for this Limited Liabili	ty Company were filed on <u>March</u>	1 16, 2015 and assigned
Florida document number <u>4/50 000 475 3</u>	4	
This amendment is submitted to amend the followin	g:	
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 designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET AI	DDRESS)	
		
Enter new mailing address, if applicable:		2027
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	2DE0
		F7
B. If amending the registered agent and/or regist agent and/or the new registered office address he		
	_	39
Name of New Registered Agent:		
New Registered Office Address:		
<u>-</u>	Enter Florida stre	et address
_	City:	, Florida Zip Code
	V	top tome.

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
AMBR	Robert Mochle	6204 Nasco Dr. Austin, TX 18757	_ (EAdd
			_ □Remove
			_ Change
			□Add
			□Remove
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		<u> </u>	Add CREMOVE
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e: If the date inserted in t	n the date of filing: te must be specific and cannot be prior his block does not meet the applic the Department of State's records.	able statutory filing requiren	(optional) days after filing.) Pursuan nents, this date will not	nt to 605.02 t be listed
cord specifies a delayed ef filed.	fective date, but not an effective ti	me, at 12:01 a.m. on the ear	lier of: (b) The 90th c	lay after th
:d <u>December</u>	. 09 . 2022	·		
	Signature of a member or author	orized representative of a memb	ner.	-

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Filing Fee: \$25.00