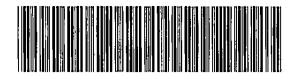


(Red	questor's Name)		
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(Document Number)			
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## **COVER LETTER**

TO: Registration : Division of C			
Four Fath	ers Distillery		
SOBJECT.	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are sub	_	
	Dan Jones		
		Name of Person	
		Firm/Company	
	4538 River Trail Rd		
		Address	
	Jacksonville Florida 32277	7	
	Fourfathersdistillery @ gma	City/State and Zip Code ail.com	<del></del>
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Dan Jones		904 334-7525 at ()	
Name	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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



Four Fathers Distillery

(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 April 1, 2015 and assigned Florida document number L15000057394

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 "LLC"

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)

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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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>	Type of Action
MGR	Tim Daniels	12790 Avalon Ave	
		Jacksonville Fl 32224	Remove
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		Add	
			Remove
		Change	
		Change	
		Remove Change	
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(If an effe Note:	ve date, if other than the date of filing:  8-26-2017  (optional)  ective 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 605.02 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	·	
	Signature of a member or authorized representative of a member	
	y	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00