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| (F | Requestor's Name) | | |
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| PICK-UP | WAIT MAIL | | |
| (E | Business Entity Name) | | |
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| Certified Copies | Certificates of Status | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

| TO: | | istration Sec sion of Corp | | | | |
|--------|----------|-------------------------------|--|---|---|-----|
| CHET | eær. | Wheelhouse | Brands LLC | | | |
| SUBJI | ECT | | Name of Limite | ed Liability Company | | |
| The en | nclosed | Articles of | Amendment and fee(s) are subm | itted for filing. | | |
| Please | return | all correspon | ndence concerning this matter to | the following: | | |
| | | | Christopher S Brantley | | | |
| | | | | Name of Person | | |
| | | | Wheelhouse Brands LLC | | | |
| | | | | Firm/Company | | |
| | | | 3725 Pine St | | | |
| | | | | Address | - | |
| | | | Jacksonville, FL 32205 | | | |
| | | | * | City/State and Zip Code | | |
| | | | info@wheelhousebrands.com | | | |
| | | | E-mail address: (to | be used for future annual report notifica | > | |
| For fu | rther in | formation co | oncerning this matter, please call | l: | JUL FTA HAS | |
| Christ | opher l | Brantley | | 904 891-5250 at () | 15 RY O SEE. | TIT |
| | | Name of | Person | Area Code Daytime T | elephone Number STATE | 5 |
| Enclos | sed is a | check for the | e following amount: | | _ | |
| \$2 | 5.00 F | iling 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

| Wheelhouse Brands LLC | | |
|--|---|-------------------------------|
| (Name of the Limited Liability Co (A Florida Limi | mpany as it now appears on our records ted Liability Company) | <u>.)</u> |
| ne Articles of Organization for this Limited Liability Composition or the decimal of the composition of the | any were filed on 7/2/15 | and assigned |
| nis amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited l | liability company here: | |
| ne new name must be distinguishable and contain the words "Limited L | iability Company," the designation "LLC" | 'or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS | <u> </u> | |
| | | <u> </u> |
| | | AHA |
| nter new mailing address, if applicable: | | AS: |
| Aailing address MAY BE A POST OFFICE BOX) | · · · · · · · · · · · · · · · · · · · | Eo _ m |
| Tunning times CSS THIT DE TIT OST OFFICE BOTH | · | |
| | | ₩ |
| . If amending the registered agent and/or registered | d office address on our records. | , enter the name of the |
| gistered agent and/or the new registered office address | | |
| | | |
| Name of New Registered Agent: | | |
| Nov. Projectored Office Address. | | |
| New Registered Office Address: | Enter Florida street address | ; |
| | . Flo | orida |
| Company of the Compan | 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> | <u>Address</u> | Type of Action |
|--------------|------------------------|---------------------------------------|----------------|
| MGR | Christopher S Brantley | 3725 Pine St | Add |
| | | Jacksonville, FL 32205 | □ Remove |
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| | 7 | /1/15 | | | |
| Effective date, if other than the (If an effective date is listed, the date m | ne date of filing: _ oust be specific and can | not be prior to date of | filing or more than 90 day | s after filing.) Pursu: | ant to 605.0207 (|
| Note: If the date inserted in this document's effective date on the | | | utory filing requiremen | ts, this date will no | ot be listed as the |
| | | | | | |
| the record specifies a delayed) The 90th day after the re | | e, but not an efi | fective time, at 12 | :01 a.m. on th | e earlier of: |
| Dated July 13th | | 015 | | | |
| | 11 | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00