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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

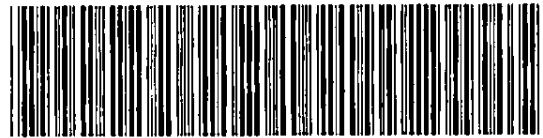
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CUENI BREWING COMPANY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRENDA J CUENI

Name of Person

CUENI BREWING COMPANY LLC

Firm/Company

945 HUNTLEY AVE

Address

DUNEDIN FL 34698

City/State and Zip Code

CUENIBREWING@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRENDA CUENI

at (727) 266-4102

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

CUENI BREWING COMPANY LLC

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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>	<u>Type of Action</u>
MBR	RICKY YANCEY		<input type="checkbox"/> Add
		945 HUNTLEY AVENUE DUNEDIN FL 34698	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	SHAYLYN YANCEY		<input type="checkbox"/> Add
		945 HUNTLEY AVENUE DUNEDIN FL 34698	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 29TH 2019

Brenda & Cheri

(Signature of a member or authorized representative of a member)

BRENDA J CUENI

Typed or printed name of signee