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SECRETARY OF STATE TALL AHASSEE, PLURIDA

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## **COVER LETTER**

10:	Division of Cor		ns			
SUBJE		EWING	COMPANY LLC			
SUBJE	CI:		Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendr	nent and fee(s) are sub	mitted for filing.		
Please n	eturn all correspo	ndence	concerning this matter	to the following:		
		BRE	 ENDA J CUENI 			
				Name of Person		<del></del>
		CU	ENI BREWING COM	PANY LLC		
				Firm/Company		<del></del>
945			HUNTLEY AVE			
				Address		
		DUI	NEDIN FL 34698			
		CUE	NIBREWING@GMA	City/State and Zip Co IL.COM	de	
			E-mail address: (	to be used for future annu	al report notifi	cation)
For furt	her information o	oncernir	 ig this matter, please co 	all:		
BREND	DA CUENI			727 at ()	266-4102	
	Name o	of Person		Area Code	Daytime	Telephone Number
Enclose	d is a check for the	he follov	ving amount:			
<b>■ \$</b> 25	.00 Filing Fee		0.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr	ration Se			ET/COURIE	R ADDRESS:
	Divisio		porations	Divisi	on of Corpora n Building	
		assee, FL		2661	n Bunding Executive Cen lassee, FL 323	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our red Liability Company)	cords.)
ny were filed on 02/22/2016	and assigned
ability company here:	
bility Company," the designation "	LLC" or the abbreviation "L.L.C."
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	₫ <b>D</b> <sup>22</sup>
office address on our rec ere:	ords, enter the name of the new
Enter Florida street aa	ldress
	, Florida
City	Zip Code
	ability company here: bility Company," the designation "  office address on our receive:  Enter Florida street ad

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 = M AMBR = A	lanager uthorized Member		
Title	Name RICKY YANGEY	Address	Type of Action
MBR			
		945 HUNTLEY AVENUE DUNEDIN FL 34698	≅ Remove
	SHAYLYN YANCEY		☐ Change
MBR ———		_	Add
		945 HUNTLEY AVENUE DUNEDIN FL 34698	≅ Remove
		<del> </del>	☐ Change
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		7/1/2019				
ective date, if other that	the date of fili	ng:	La Cartina	(op	otional)	605.0
n effective date is listed, the date:  If the date inserted in the	nis block does not	meet the applica	ible statutory fili	nore man 90 days at ng requirements, t	his date will no	nt to 605.0 of be listed
cument's effective date on	ne Department of	State's records.				
record specifies a del			t an effective	time, at 12:01	a.m. on th	e earlier
he 90th day after the	record is filed	d.				
OCTOBER 29TH		2019				
_	٠. ٨	· ·	<del></del>			
_ Bu	(Signature of	a member or autho	prized representativ	e of a member		
BRENDA J CUEN						

Page 3 of 3

Filing Fee: \$25.00