L16000185415

(Requestor	s Name)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	(Number)
Certified Copies	Pertificates of Status
Special Instructions to Filing C	Officer:
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09/01/12 01020 010 \$25.00

OPTION OF CHAPLE AND THE OFFI

SEP 05 2017

COVER LETTER

Division of Corporations
SUBJECT: BARLLY MOW BAKWING COMPANY III 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:
College Dingman
Name of Person
Firm/Company
521 COMMERCE DR Address
LARGO, FL 3377D City/State and Zip Code, Jay C Darley Mowbrewing Co. Com J-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Coule (w Dingingson at (727) 452 3855 Name of Person at (727) USZ 3855 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Sta

MAILING ADDRESS:

TO:

Registration Section

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

COMPANY III	LLC
ability Company)	
vere filed on 10/05/201	and assigned
ity company here:	
y Company," the designation "LLC" or	r the abbreviation "L.L.C."
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	SEP TI
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ice address on our records, <u>s</u>	enter the name of the new
Enter Florida street address	
, Florid	
City	Zip Code
	ity company here: y Company," the designation "LLC" of the designation "LLC" of the designation and the designation are cords, of the designation are cords

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 **Title** Address **Type of Action** Name MGR MICHAGE ROCON 521 COMMERCE DE DA DADO
LANCO FL 33770 Remove ☐ Change MIR COLLEW DINGMAN SZI COMMERCE DR XADD 14260 FL 33770 Remove ☐ Change _ Change ☐ Remove ☐ Change ☐ Add ☐ Remove Change ☐ Remove ☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	M SEP - PH 1: 02
	SEP - F
	Columbia P
	PH 1: 02
	02
	12
(If an ef <u>Note:</u>	tive date, if other than the date of filing: 8/25/2017 (optional) Tective 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 605.0207 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	$\frac{8/25/17}{100000000000000000000000000000000000$
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00