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(Req	uestor's Name)	
bbA)	ress)	
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(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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# COVER LETTER 2

TO: Registration Se Division of Cor			
SUBJECT:		LC	
	Name of Lim	ited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	,		
	Wya-	H LONCY Name of Person	
		Name of Person	
	Beer	6 LIC	
		Firm/Company	
	537 N	E 1446 C+	
		E 14th Ct Address	
	FI laude	City/State and Zip Code  Lavey 534 @ code to be used for future annual report notions.	504
	1 7 60.000	City/State and Zip Code	
	<u> </u>	Lancy 524 B	amail.com
		•	tication)
For further information c	oncerning this matter, please ca	all:	
Wyatt	Loney	at (700) Signature	0-6339
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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

Reer Co L	LC		
(Name of the Limited Liability (A Florida	Company as it now app Limited Liability Compan	ears on our records.) y)	<del></del>
The Articles of Organization for this Limited Liability Co			and assigned
Florida document number	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company	here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," th	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>
			E 7
B. If amending the registered agent and/or regist	ered office address	on our records, g	enter the name of the nev
registered agent and/or the new registered office addi	ess nere:		[1] S ≥ 175
N			5 = -
Name of New Registered Agent:		<del></del>	<u> </u>
New Registered Office Address:	Festar 1	Florida street address	
	Craci 1		
	City	Flori	da 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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	<u>.</u>	_		····	<del>- 5</del>	<u> </u>
Effective date, if other than fan effective date is listed, the date inserted in the date inserted in the document's effective date on the date in the date on the date of the	te must be specific a his block does no the Department o	and cannot be prior of meet the applic of State's records	to date of filing or mo able statutory filing	requirements, this da	al) ing.) Pursuan ate will not	be listed
he record specifies a del The 90th day after the	ayed effective record is file	e date, but no d.	ot an effective ti	me, at 12:01 a.n	n. on the	earlier
Dated July	14		7.			
	Signature of	f a member or auth	orized representative	of a member	e-	

Page 3 of 3

Filing Fee: \$25.00

# Cover Letter

# Beer Co LLC

Juliet Laney

954-234-6187

537 NE 14<sup>th</sup> Court

Ft. Lauderdale, FL 33304

Wyatt Laney

760-576-6339

537 NE 14<sup>th</sup> Court

Ft. Lauderdale, FL 33304