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JIVISION OF CORPORATIONS

T. MATTHEWS MAY 2 4 2022

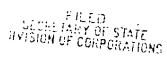
COVER LETTER

		stration Sec sion of Corp				
end icz			LE WORKS, LLC			
SUBJEC	.li .		Name of Lin	nited Liability Company		
The encl	osed	Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please re	turn .	all correspon	dence concerning this matter	to the following:		
			TREVOR K, BREWER			
				Name of Person		
			BREWERLONG PLLC			
				Firm/Company		
			407 WEKIVA SPRINGS I	RD STE 241		
				Address		
			LONGWOOD, FLORIDA	32779		
				City/State and Zip Code		
			LIZ@LEGACYALE.COM			
				to be used for future annual i	report notification)	
l'Or Turthe	er int	ormation cor	teerning this matter, please ca	all;		
TREVO	RK.	BREWER		407 660 at ())-2964	
		Name of I	Person	Area Code	Daytime Teleph	one Number
Enclosed	is a c	check for the	following amount:			
■ \$25. 0)0 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is encl		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 APR 18 PH 1:38

LEGACY ALE WORKS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 02/28/2017	and assigned
Florida document number 1.17000047170		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	oddress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	ida
	r ui	гар с оас

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 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>	Address	Type of Action
MGR	WARREN HUELSNITZ	. 1301 IST ST SOUTH	■Add
		JACKSONVILLE BEACH, FLORIDA 3225	0 □Remove
			□Change
			□Add
			□Remove
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	<u></u>		🗆 Add
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ective date, if other than the c	late of filings			(optional)	
neffective date is listed, the date must te: If the date inserted in this blo cument's effective date on the Dep	be specific and cann ck does not meet t	ot be prior to date of the applicable stat	filing or more than 90 mory filing requires	days after filing.) Pu	rsuant to 605,020 I not be listed a
ecord specifies a delayed effective s filed.	date, but not an el	ffective time, at 12	2:01 a.m. on the ear	lier of: (b) The 90	th day after the
ed April 12	<u>2</u>	022			
<u>5</u>					
			resentative of a memi		