

L17000145154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

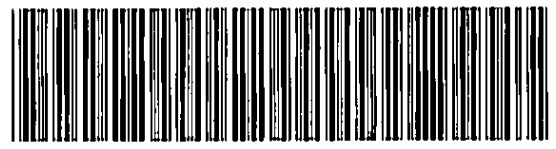
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GRAY ROBINSON
ATTORNEYS AT LAW

850-577-9090

ASHLEY.SADLER@GRAY-ROBINSON.COM

February 18, 2022

301 SOUTH BRONOUGH STREET
SUITE 600
POST OFFICE BOX 11189 (32302-3189)
TALLAHASSEE, FLORIDA 32301
TEL 850-577-9090
FAX 850-577-3311
gray-robinson.com

*BOCA RATON
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VIA HAND DELIVERY

FL Division of Corporations - Registration Section
The Centre of Tallahassee
2415 N. Monroe St., Ste. 810
Tallahassee, FL 32303

Re: Wynwood Brewing Company LLC

Dear Sir or Madam:

Enclosed please find one (1) Application for Florida Limited Liability Company to File Amendment to Articles of Organization and a check, payable to the Florida Department of State, in the amount of \$25.00 for Wynwood Brewing Company LLC.

Please contact me, directly, if you have any questions. I can be reached via e-mail (ashley.sadler@gray-robinson.com) or phone (850-577-9090). Thank you!

FILED
2022 FEB 18 PM 5:00
CORPORATION OF STATE

Sincerely,

Ashley Sadler
Licensing Specialist

AS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wynwood 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:

Ashley Sadler, Licensing Specialist
Name of Person

GrayRobinson, P.A.
Firm/Company

301 S. Bronough St., Ste. 600
Address

Tallahassee, Florida 32301
City/State and Zip Code

ashley.sadler@gray-robinson.com
E-mail address; (to be used for future annual report notification)

RECEIVED
2022 FEB 18 PM 5:00

For further information concerning this matter, please call:

Ashley Sadler at (850) 577-9090
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Wynwood Brewing Company LLC

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

FILED
2022 FEB 18 PM 5:00
SECRETARY OF STATE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/6/2017 and assigned
Florida document number L17000145154.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

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 = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	<u>Andrew Thomas</u>	<u>One Busch Place, St. Louis, MO 63118</u>	<input checked="" type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
President	<u>Marcelo Michaelis</u>	<u>125 W 24th Street, New York, NY 10011</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input checked="" type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
CFO	<u>Christine N. Perich</u>	<u>One Busch Place, St. Louis, MO 63118</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input checked="" type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
		<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
		<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 3, 2022

Tobias Weas

Signature of a member or authorized representative of a member

Tobias Weas

Typed or printed name of signee