

L17000234700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

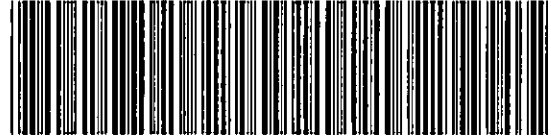
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 15 2020

2019-13 PM 3:21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLOOD BROTHERS 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:

Jonathan Golden

Name of Person

Firm/Company

12707 49th Street N, Suite 900

Address

Clearwater, FL 33762

City/State and Zip Code

jg@bostonfinancegroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Golden

727

497-1661

at (_____) _____

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**

BLOOD BROTHERS 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 11/13/2017 and assigned
Florida document number L17000234700

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)

12707 49th Street North

Suite 500

Clearwater, FL 33762

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12707 49th Street N

Suite 500

Clearwater, FL 33762

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:

Jonathan Golden

New Registered Office Address:

1207 49th Street North, Suite 900

Enter Florida street address

Clearwater

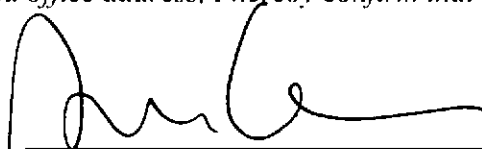
Florida 33762

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>
MGR	Seaboard Craft Beer Holdings LLC	12707 49th Street N.	<input checked="" type="checkbox"/> Add
		Suite 500	<input type="checkbox"/> Remove
		Clearwater, FL 33762	<input type="checkbox"/> Change
AMBR	Kenneth Hoover	595 Tradewinds Drive	<input type="checkbox"/> Add
		Dunedin, FL 34698	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christopher Hoover	595 Tradewinds Drive	<input type="checkbox"/> Add
		Dunedin, FL 34698	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(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)

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.

ember 12 20

Signature of a member

Typed or printed name of signee

Filing Fee: \$25.00