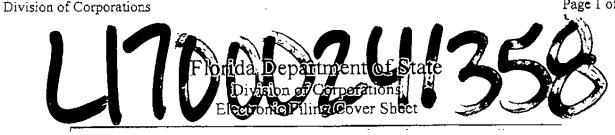
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Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Cor Fax Number	porations : (850)617-6383		NOV -7 AM	
. From:	Account Name Account Number Phone	: BILZIN SUMBERG : 075350000132 : (305)374-7580	BAENA PRICE	്ന്ഗ ശ	TTD

: (305)351-2122

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fax Number

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CERVECERIA LA TROPICAL USA, LLC

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H18000321411 2

ARTICLES OF AMENDMENT

	TO		N	
ARTT	CLES OF ORGANIZAT	S OF ORGANIZATION		
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		:	2018 NOV	*******
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	ÆCERIA LA TROPICAL USA, LL		3> 2	(PERFECT)
Name of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	s on our records.)		9 2 2
•			m _{(v} v	
The Articles of Organization for this Limited Lie	ability Company were filed on $^{-11/}$	22/17	and assess	ned
THE PROJECT OF OF GRANDING TO THE PROJECT OF THE PR	and the second s			
Florida document number L17000241358	 •		•	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability company he	re:		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the de	esignation "LLC" or th	te abbreviation "L.L.(2."
•				
Enter new principal offices address, if applica	ble:		<u> </u>	
(Principal office address MUST BE A STREET	(ADDRESS)			
Enter new mailing address, if applicable:				
- · · · · · · · · · · · · · · · · · · ·	PAY:			
(Mailing address MAY BE A POST OFFICE I	<u> </u>			
				
B. If amending the registered agent and/o	or registered office address on	our records, en	ter the name of	the new
registered agent and/or the new registered off	ice address here:			
Name of Name Production of Amonts				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flor	ida street address	-	
		y−s		
	City	, Florida	Zip Code	
	Chy			

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

Page 1 of 3

H18000321411 3

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	Manuel J. Portuondo	1280 N. MCDOWELL BLVD.	
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	····		Typed or printed (name of signee		HASS	-7	grand (j
	,	-	Portuondo	•			AON 8102	'n
		Signature of an	tember or authoriz	ed representative of a	member		018	
Datec _		· · · · · · · · ·	1 - D			66	~	
o) The S	90th day after the r	ecord is filed.	2018					
documer	nt's effective date on the ord specifies a delay	e Department of Si ved effective d	ate's records.					
Note: If	e date, if other than thive date is listed, the date is listed, the date in this	s block does not m	ectine applicabl	late of filing or more to e statutory filing re	(optional) han 90 days after filing.) quirements, this date	Pursuant to 61 will not be li	05.0207 (sted as ਹੈ	3)(b) he
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