Florida Department of State

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Mailing Address: Post Office Box 3913 Tampa, Florida 33601-3913

TELECOPIER TRANSMITTAL COVER SHEET

Number of Pages: 4 (excluding cover sheet)

| SUBJECT: | Art. of Amendment (FL) re name & manager - Sun Coast Loose Cannon Distilled Spirits, LLC (for filing) |
|----------------------------|---|
| DATE: | 1/18/2018 |
| TO: | FL DOC - LLP filings (Business Fax) |
| COMPANY: | |
| PHONE #: | |
| FAX #: | ÷1 (850) 617-6383 |
| FROM: | Brenda K. Holland, bholland@bushross.com |
| TELEPHONE; FAX: | (813) 204-6440 (813) 223-9620 |
| COMMENTS: Art. of Amendmen | nt (FL) re name & manager - Sun Coast Loose Cannon Distilled Spirits, LLC (for |

UNLESS OTHERWISE INDICATED OR OBVIOUS FROM THE NATURE OF THE TRANSMITTAL, THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION DISTRIBUTION OR COPYING OF THIS COMMUNICATION OR ANY OF THE INFORMATION IN IT IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR OR ARE NOT SURE WHETHER IT IS PRIVILEGED, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE AT OUR EXPENSE. THANK YOU.

ARTICLES OF AMENDMENT TO 3 ARTICLES OF ORGANIZATION OF

| LOOSE CANNON DIST | | |
|--|---|---------------------------------|
| (Name of the Limited Liability Compa- (A Florida Limited I. | ny as it now appears on our records.) liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document numberL17000254357 | were filed onDECEMBER 12, 2017 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | ility company here: | • |
| SUN COAST LOOSE CANNON DISTILLED | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbrevi | ation "L.L.C." |
| Enter new principal offices address, if applicable: | 3155 LAKEWOOD RANCH BLVD. | |
| (Principal office address MUST BE A STREET ADDRESS) | BRADENTON, FL 34211 | |
| | | |
| Enter new mailing address, if applicable: | 3155 LAKEWOOD RANCH BLVD. | |
| (Mailing address MAY BE A POST OFFICE BOX) | BRADENTON, FL 34211 | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | Tice address on our records, enter the | name of the new |
| | | 18 |
| Name of New Registered Agent: | | SEE SEE |
| New Registered Office Address: | | 2 055m |
| • | Enter Florida street address | 8 25 E |
| ··· | Florida | |
| - | City: 2 | Exp Code 9: 4 |
| New Registered Agent's Signature, if changing Registered Agent: | · | # 10 P |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am famil provided for in Chapter 605, F.S. Or, if th | liar with and is document is |

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| AMBR = A | uthorized Member | | |
|--------------|-----------------------|----------------------------|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | EVANGELISTA, JAMES J. | 3155 LAKEWOOD RANCH BLVD., | |
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| Spanne of a member or authorized report randitive of a member: | |
| Signature of a michiber or anthonized repri; saturive of a member: | 18 . |
| WILLIAM STEVEN MILLIGAN, MANAGER | 18 JAN |
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