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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIG HAMMERSTEIN BREWING COMPANY, LLC

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10/2/2018

COVER LETTER

TO: Registration S Division of Co.			
HAMME SUBJECT:	RSTEIN BREWING COMP	ANY, LLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
	Firm/Company		 -
101 N. Brand Blvd., 11th Floor			
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	
	hammersteinbrewery@gi		· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be used for future annual report notific	ration)
For further information of	concerning this matter, please ea	all:	
Cheyenne Moseley		800 773-0888 ex	1. 9724
Name o	of Person	at ()	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy judditional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAMMERSTEIN BREWING COMPANY, 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 01/04/2018 and assigned
Florida document number L18000003442
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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and end with the words. Unitinest claiming Company, the designation. Elect of the above random elect.
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Muiling address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the mane of the new
registered agent and/or the new registered office address here:
Fig. 3
Name of New Registered Agent:
New Registered Office Address:
Enter Florido street address (C)
Florida The Company
Chy "126 Codes
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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	THOMAS ZINSCHLAG	7841 SHADOW RUN DR.	
		LARGO, FL 33773	☑ Remove
			Add
			☐ Remove
			☐ Remove
			□ Add
			T-2 A 3:39
			Add
			□ Remove

If amending any other information, enter change(s) here: (Atta	ch additional sheets, if necessary.)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date a	(optional)
the date this document is filed by the Florida Department of State)	an earner we more than 70 days area
Dated Sept 26 . 2018	
Signature of a member of authorized rep	resentative of a member
Travis Hamn	ner
Typed or printed name of	f signee

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Filing Fee: \$25.00

2018 OCT -2 PM 3: 39
SECRETARY OF STATI