## LIECCO/CO/COZ

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	OLD BREW LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Warfield Alexandre		
		Name of Person	
	Kings of Capital		
		Firm/Company	
	1030 Venetian Dr. 203		
		Address	
	Melbourne, FL 32904-84	66	
		City/State and Zip Code	
	Alexandrewa3@gmail.com		
	E-mail address: ()	to be used for future annual report notific	ration)
For further information c	oncerning this matter, please ca	all:	
Warfield Alexandre		561 503-6122	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned			
obbreviation "L.L.C."			
1030 Venetian Dr. 203			
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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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = .M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Change
			Add
			□ Remove
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			Change
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Effec	ive date, if other than the date of filing: (option	nal)		
f an c	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	filing.) Purs	uant to 60	05.0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this ent's effective date on the Department of State's records.	date will	not be h	sted as
docu	ent's effective date on the Department of State's records.			
	ord specifies a delayed effective date, but not an effective time, at 12:01 a 90th day after the record is filed.	.m. on t	he earl	lier of
(110	John day after the record is filed.			
Dated	·			
	Signature of a member or authorized representative of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00