U8000111654

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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DIVISION OF BERFFERANDE

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COVER LETTER

Div	ision of Corp	orations		
CUBICCE.		rewing Leasing Company Ll	LC.	
SUBJECT		Name of Limite	ed Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return	all correspon	dence concerning this matter to	the following:	
		Wayne Gonzalez		
			Name of Person	
		Silverking Brewing Comp	any LLC.	
			Firm/Company	
		325 E Lemon Street		
			Address	
		Tarpon Springs, FL 3468	9	
			City/State and Zip Code	
		waynegonzalezroofing81@		
		E-mail address: (to	o be used for future annual report notific	ation)
For further	information co	ncerning this matter, please ca	И:	
Wayne Go	nzalez		813 917-9246	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

TO:

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

Silverking Brewing Leasing Con	, •			
(Name of the Limi	ted Liability Company as it now apport (A Florida Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited L Florida document number L18000111654	iability Company were filed on	May 3, 2018 an	ıd assi;	gned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	of the limited liability company	here:		
The new name must be distinguishable and contain the v	words "Limited Liability Company," th	e designation "LLC" or the abbreviati	on "L.L	.C."
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)		78	SIVIO SIS
		······································		22
Enter new mailing address, if applicable:			-2	7,12 m
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			<u> 490</u>
			<u>'</u>	
			3 2	5
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the n	ame_c	of the n
Name of New Registered Agent:	Wayne Ggonzalez			
New Registered Office Address:	325 E Lemon Street			
THE THE TENEDON OF THE THE TENESOR.	Enter I	Florida street address		
	Tarpon Springs	, Florida <u>34689</u>		
	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.

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>	Address	Type of Action
MGR	John Troyer		
		325 E Lemon Street Tarpon Spr	■ Remove
			Change
MGR	Bret Gamrot		
		325 E Lemon Street Tarpon Spr	■ Remove
			Change
			🗖 Add
			□ Remove
			☐ Change
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Effective date, if other	than the date of	6/26/2018 filing:		(opt	ional)	
Effective date, if other If an effective date is listed, Note: If the date inserte	1 1	Example connect be pro-	to date of filing or able statutory fil	more than 90 days afte ing requirements, th	er filing.) Pursuant to 605 its date will not be list	5.020 ed as
document's effective dat	e on the Departmer	nt of State's records				
				A	a m on the carli	or o
he record specifies a The 90th day afte	i delayed effect r the record is f	ive date, but no filed.	ot an effective	time, at 12:01	a.m. on the earn	e, 0
		2018				
Dated June 26						
Dated June 26		1	0			

Page 3 of 3

Filing Fee: \$25.00