## L1900067964

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
AT AMASSEE FLORID

UNISION OF SHAPE TALL ALL ALL ASSESSED AND ALL ASSESSED A

JUN 1 3 2019 M. SOLOMON

## **COVER LETTER**

SUBJECT: <u>SAL</u>	TY OAK BLE Name of Lim	WING COMPAN	y LCC		
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
		Name of Person	<del></del>		
	Salty Oak	Brewing long	upany LCC		
	1800 Bown	an lane			
	Lynn Hav	en FL 3	2444		
	E-mail address: (i	City/State and Zip Code  27 (a) Coy d.  o be used for luture annual report no	(Oh)		
For further information co	ncerning this matter, please ca	11:			
Christoph (	Person Dinsler	at (\$\frac{1}{2}\text{Node} \text{Daylin} \text{Daylin}	4 2775 ne Telephone Number		
Enclosed is a check for the	following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee. Certificate of Status &		

MAILING ADDRESS:

TO:

Registration Section **Division of Corporations** 

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

## TO ARTICLES OF ORGANIZATION OF

SALTY OAK BNEWING COMPANY (LC
(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 Co	ompany were filed on _	3-11-19	and assigned	
Florida document number <u>L/9000067969</u>			_	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company	here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			·	
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office addressed agent and/or the new registered office addressed Agent:	ered office address o	n our records, ente	r the name of the new	
New Registered Office Address:				
		Enter Florida street address		
	City	Florida _	Zin Code	
New Registered Agent's Signature, if changing Registered			24, 0011	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this mplete performance o ent as provided for in	f my duties, and I am Chapter 605, F.S. Or	familiar with and ; if this document is	
	If Changing Registered A	gent, Signature of New R	egistered Agent	

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MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name A 11	Address	Type of Action
MBR	Greg Alley	4035 Valencia Ct	Add
	(	403T Valencia Ct Panama City FL	☐ Remove
	4	32405	Change
MBR	Erin Dingler	1800 Bonman (n	Add
		1800 Bowman (n Lynn Haven, FC	Remove
		32444	—— <b>X</b> Change
		·	🗅 Add
			□ Remove
			Change
		<del></del>	🗆 Add
		· · · · · · · · · · · · · · · · · · ·	_□ Remove
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Filing Fee: \$25.00