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## **COVER LETTER**

Tallahassee, FL 32314

	Registration So Division of Co					
CUD IV		Total Beverage Orlando Property Management, LLC				
SUBJEC	-l:	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Michael Kolodin				
			Name of Person			
		Total Beverage Orlando Pi	roperty Management, LLC			
			Firm/Company			
		250 Palm Coast Parkway?	NE #607-221			
		Address Palm Coast, Florida 32137				
		City/State and Zip Code				
		Michael.k@tbmicrobrewery	v.com to be used for future annual report not			
For figsth	er information o	e-man address: ( concerning this matter, please c	·	incation)		
		oncerning and matter, produce t				
Michael Kolodin		at (				
	Name o	of Person	Area Code Daytin	ne Telephone Number		
Enclosed	l is a check for t	he following amount:				
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		<u>Street Address:</u> Registration Se	ection		
	Division of C	Corporations	Division of Corporations			
	P.O. Box 632	27	The Centre of 7	Fallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Total Beverage Orlando Property Management, LLC (Name of the Limited Liability Company as it now appears on our records) E.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/19/2019}{2}$ 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 contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Michael Kolodin Name of New Registered Agent: 250 Palm Coast Parkway NE #607-221 New Registered Office Address: Enter Florida street address , Florida 32137 Ziv 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.

City

Palm Coast

If 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	Sandeep Bhatnagar	250 Palm Coast Parkway NE #607-221	🗆 Add
		Palm Coast, Florida 32137	■Remove
			□ Change
MGR	Michael Kolodin	250 Palm Coast Parkway NE #607-221	<b>=</b> Add
	<del></del>	Palm Coast, Florida 32137	□Remove
			□ Change
			\_ \_ Add
			□Remove
			□ Change
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