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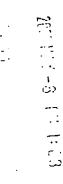
(Requestor's Name)		
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PICK-UP WAIT MAIL		
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(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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## **COVER LETTER**

TO: Registration So Division of Con			4
	T BREWERY, LLC		
SUBJECT:	Name of Lim	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Matthew Acree		
		Name of Person	
	GULFPORT BREWERY,	, I.L.C	
		Firm/Company	<del></del>
	3007 Beach Blvd S		
		Address	<u></u>
	Gulfport, FL 33707		
		City/State and Zip Code	-
	matt@gulfport-brewing.com	m (to be used for future annual report notif	toothon)
		•	icauon)
For further information of	concerning this matter, please c	all:	
Matthew Acree		at (813) 407-	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he following amount:		*· '
■ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GULFPORT BREWERY, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	iv as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number 1.19000100626	were filed on 4/11/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty 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)	3007 Beach Blvd S Gulfport, FL 33707
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Bulfport, FL 33707
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:  3007	thew Acree 1 Beach Blvd 5. Enter Florida street address
<u>Gulf</u>	Port Florida 33707  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.

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>	<u>Address</u>	Type of Action
MGR	ECHO L BARTLETT	3007 Beach Blvd S	
	-	Gulfport, FL 33707	■Remove
			□Change
MGR	PAIGE VALENSKY	3007 Beach Blvd S	<b>∃</b> Add
_		Gulfport, FL 33707	□ Rепюче
			☐ Change
			Remove
			Change نر: Add
			□ Rетюче
			Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Add
			Remove
			□Change

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Matthew Acree	Signature of a member or authori	zed representative of a member
	Matthew Acree	