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COVER LETTER

TO:	Registration Se Division of Cor		
our r	IT'S A SHO	PRE THANG	
SUBJ	ECI:	Name of Lim	ited Liability Company
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please	return all correspon	ndence concerning this matter	to the following:
		JOEL SANZARI	
			Name of Person
		IT'S A SHORE THANG	
			Firm/Company
		41 WESTGATE LANE	
			Address
		PALM COAST, FL 32164	
		JMSANZARI16@GMAIL.	City/State and Zip Code
		=	to be used for future annual report notification)
For fu	ther information co	oncerning this matter, please ca	ail:
JOEL	SANZARI		904 392-7464
	Name of	Person	at ()at ()Area Code Daytime Telephone Number
Enclos	ed is a check for th	e following amount:	
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
✓	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	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

IT'S A SHORE THANG		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	3/15
The Articles of Organization for this Limited Liability Company Florida document number L19000254166	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3420 AGRICULTRUAL CENTER DR	RIVE STE 8
(Principal office address MUST BE A STREET ADDRESS)	SAINT AUGUSTINE, FL 32092	
Enter new mailing address, if applicable:		,· , -
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		······································
New Registered Office Address:		
	Enter Florida street address	

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

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	ANCIENT CITY BREWING CO.	3420 AGRICULTURAL CENTER DRIVE STE 8	= Add
		SAINT AUGUSTINE, FL 32092	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
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	7-16-20
an effe <mark>ote:</mark>	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
record l is file	ed.
record I is file	
record I is file	7-16-20
record l is file	7-16-20

Filing Fee: \$25.00