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SECRETARY OF STATE ALLAHASSEE FLORIO.

COVER LETTER

TO:

Registration Section Division of Corporations

Beers Brok SUBJECT:	er LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Jorge Scheggia		
		Name of Person	
	Beers Broker LLC		
		Firm/Company	
	614 w 46 st		
		Address	
	Miami Beach / Florida 33	14()	
		City/State and Zip Code	
	sscheggiaa@gmail.com	to be used for future annual report not	
For Contract Constitution		•	incation)
ror further information c	oncerning this matter, please c	all:	
Jorge Scheggia		305 9849883 at ()	
Name o	f Person		te Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beers Broker LLC		
(Name of the Limited Liability Compan- (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 11/12/2019	and assigned
Florida document number 1.19000281826		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
Beers Brokers LLC		
The new name must be distinguishable and contain the words "Limited Liability	v Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2020 Seu
(Principal office address MUST BE A STREET ADDRESS)		AHAR
		282
		ETI c
Enter new mailing address, if applicable:		PH 2:
••		55 4
(Mailing address MAY BE A POST OFFICE BOX)		- κ. ω
		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<u> </u>
	. Flori	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe	to act in this capacity. I furtherformance of my duties, and	er agree to comply with th 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

Title	<u>Name</u>	Address	Type of Action
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			□Change
			□Add
			□Remove
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