LZ0000012825

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
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COVER LETTER

Registration Section Division of Corporations

TO:

PRISION F	BREWING CO LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ROBERTO DI LENA		
		Name of Person	
	MTR & ASSOCIATES. L	L.C	
		Firm/Company	
	1000 NW 57 CT SUITE 1	040	
		Address	_
	MIAMI, FLORIDA 3312	6	
		City/State and Zip Code	
	juanpipkin@gmail.com	·	
	E-mail address: (to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	all:	
ROBERTO DI LENA		at () 4715874	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres Registration 3 Division of C P.O. Box 632 Tallahassee, 1	Section forporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRISION BREWING CO LLC			
(<u>Name of the Limited Liab</u> (A Flori	pility Compa ida Limited I	ny as it now appears on our records Jability Company)	<u>)</u>
The Articles of Organization for this Limited Liability Florida document number 1.20000012825	Company	were filed on 01/06/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liab	ility company here:	
The new name must be distinguishable and contain the words "I.	imited Liabi	ity Company," the designation "LLC"	or the abbreviations L.C."
Enter new principal offices address, if applicable:		8302 NW 14 ST	020 HAI
(Principal office address MUST BE A STREET ADI		DORAL, FL 33126	-9 -9
			PH
Enter new mailing address, if applicable:		8302 NW 14 ST	<u>"</u>
(Mailing address MAY BE A POST OFFICE BOX)		DORAL, FL 33126	
B. If amending the registered agent and/or register agent and/or the new registered office address here		nddress on our records, <u>enter (</u>	the name of the new registere
Name of New Registered Agent: JUA	AN PIPKIN		
New Registered Office Address: 8302 NW 14 S		T.	

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. \downarrow

DORAL.

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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	JUAN PIPKIN	8302 NW 14 ST	□Add
		DORAL, FL 33126	□Remove
			■ Change
AMBR	ENRIQUE H. ABDALLAH	8302 NW 14 ST	□Add
		DORAL, FL 33126	□Remove
			□Add
			□Remove
			□ Change
			□Add
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n effec o <mark>te:</mark> []:	re date, if other than ctive date is listed, the date if the date inserted in thi nt's effective date on th	must be specific ar is block does not	nd cannot be prior t meet the applica			tiling.) Pursuant to 605.0
ecord s file	specifies a delayed effe d.	ective date, but no	ot an effective tin	ne, at 12:01 a.m. c	on the earlier of: (b) The 90th day after t
,	MARCH 2ND		2020			
ted _			, (>		
ited _						
ited _		Signature of a	i member ne futho	rized representative	of a member	. <u></u>