L20000084519

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (Ott)/Sate/Elp/ Hone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Busiless Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|---|---|
| · Bluewater S | Spirits, LLC . | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | Amendment and fee(s) are sub | - | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | AJ Kress | | |
| | | Name of Person | |
| | Pipshay's Pub LLC | | |
| | | Firm/Cotepany | · |
| | PO Box 2 | | |
| | | Address | |
| | Jupiter, FL 33468 | | |
| | | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notifi | ication) . |
| For further information c | oncerning this matter, please c | all: | |
| Name o | CD | at () | Telephone Number |
| Name o | rerson | Area Code Daytime | Telephone Number |
| Enclosed is a check for th | 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 radditional 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

Bluewater Spirits, LLC

(Name of the Limited Liability Company as it now appears on our records.)

| Didewater Spirits, Ede | <u> </u> | ' '9 σ |
|--|---|---------------------------------|
| (<u>Name of the Limited Liability (</u> (A Florida Li | Company as it now appears on our records.) mited Liability Company) | |
| The Articles of Organization for this Limited Liability Con | npany were filed on 3/17/2020 | and assigned |
| lorida document number L20000084519 | | |
| This amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited | d liability company here: | |
| Pipshay's Pub LLC | | |
| he new name must be distinguishable and contain the words "Limited | d Liability Company," the designation "LLC" or | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRES | SS) | |
| | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
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| | | |
| If amending the registered agent and/or registered o | office address on our records, enter the | <u>e name of the new regist</u> |
| gent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| New Registered Office Address. | Enter Florida street address | |
| | | _ |
| - | City | da |
| | • | rap Cone |
| New Registered Agent's Signature, if changing Registered A | Agent: | |
| hereby accept the appointment as registered agent an | d agree to act in this capacity. I furth | er agree to comply with |

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

in 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 | 2629 Hill 22 Pill | Type of Action |
|--------------|-------------|-------------|-------------------|-------------------|
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| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or | (optional) |
| effective date is listed, the date must be specific and cannot be prior to date of filing or te: If the date inserted in this block does not meet the applicable statutory fili | more than 90 days after tiling.) Pursuant to 605.0207 (, ing requirements, this date will not be listed as th |
| nument's effective date on the Department of State's records. | mg requirement and and an notice have using |
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| cord 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 |
| s filed. | |
| May 10th 2020 | |
| ed 2020 | |
| (Den- | \sim // |
| | W |
| Signature of a member or authorized representative | ve of a member |
| AJ Kress | |