## hz0000159828

(Requestor's Name)
(Address)
(Address)
(risuless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(examples 2,111)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:
}

Office Use Only



500366903995

05/25/21--01012--005 \*\*25.00

2021 MAY 25 PM 3: 24

## **COVER LETTER**

	Registration S Division of Co					
CHD IEZ	GRAVITY	' TAPROOM LLC	•	r		
SUBJECT: Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspond	ondence concerning this matter	to the following:			
		Bradford L Barrett II				
		<del>.</del>	Name of Person			
	Gravity Taproom LLC					
Firm/Company				<del></del>		
	10211 Authors Way					
	Address					
		Orlando, FL 32832				
		<del></del>	City/State and Zip Code	<del></del>		
		brad@gravitytaproom.com				
		E-mail address: (	to be used for future annual report no	otification)		
For furth	er information c	concerning this matter, please c	all:			
Bradford	L Barrett II		352 246-2306 at (			
	Name c	d Person		me Telephone Number		
Enclosed	is a check for t	he following amount:				
<b>■ \$</b> 25.0	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 Section		Street Address:	ection			
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAVITY TAPROOM LLC		
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records. mited Liability Company)	)
ne Articles of Organization for this Limited Liability Com	npany were filed on 06/10/2020	and assigned
orida document number L20000159828		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	d liability company here:	
		202
e new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC"	or the abbreviation L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	72 r
		_ · PH ·
		<u>ာ</u>
nter new mailing address, if applicable:		晋 2
Auiling address MAY BE A POST OFFICE BOX)		
duing dualess MAT DE ATOST OFFICE BOX	<del></del>	
. If amending the registered agent and/or registered of	ffice address on our records, enter th	ne name of the new regist
ent and/or the new registered office address here:	, <u></u>	
Name of New Registered Agent:		
Name Description of OCC and Address		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	City , FIOT	iwa 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>	Name	Address	Type of Action
AMBR	Ray F Witkins	5375 Chiswick Circle	<b>≣</b> Adđ
		Belle Isle, FL 32812	□Remove
			□ Change
AMBR	Boyd E Perry	13690 Grunberg Ave	🖹 Add
		Orlando, FL 32827	□Remove
			BChange
			- □Add - 25
			□ <b>R</b> emove  □ <b>Ç</b> lange
<del>.</del>			□Add
			□Remove
			□ Change
<del> </del>			🗆 Add
			□Remove
			□Change
			□Add
		<del> </del>	□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated May 19th 2021Signature of a member or authorized representative of a member Bradford L Barrett II

Filing Fee: \$25.00

Typed or printed name of signee