

L70 000 255732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

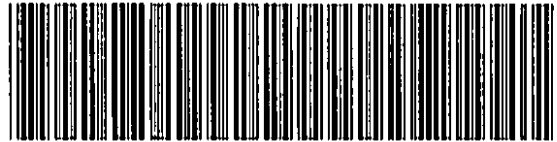
(Business Entity Name)

(Document Number)

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2021 JUN 14 PM 3:10

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Barks and Brews LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashley Cipko

Name of Person

Barks and Brews LLC

Firm/Company

1340 E Scott Street

Address

Pensacola, FL 32503

City/State and Zip Code

amcipko@gmail.com

E-mail address: (to be used for future annual report notification)

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2021 JUN 14 PM 3:10
TALLAHASSEE, FL

For further information concerning this matter, please call:

Ashley Cipko

210 863-9077

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

Barks and Brews LLC

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

The Articles of Organization for this Limited Liability Company were filed on Aug 19, 2020 and assigned
Florida document number 120000255732.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Barks and Brews LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

516 N Alcaniz Street

Pensacola, FL 32501

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

516 N Alcaniz Street

Pensacola, FL 32501

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Crystal Keyworth

New Registered Office Address:

224 E Garden Street Unit 235

Enter Florida street address

Pensacola

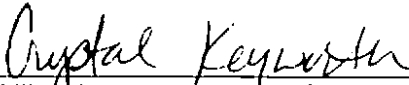
City

Florida 32502

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|----------------------|--|
| AMBR | Ashley Cipko | 516 N Alcaniz Street | <input type="checkbox"/> Add |
| | | Pensacola, FL 32501 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | Crystal Keyworth | 224 E Garden Street | <input checked="" type="checkbox"/> Add |
| | | Unit 235 | <input type="checkbox"/> Remove |
| | | Pensacola, FL 32502 | <input type="checkbox"/> Change |
| | | | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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[illegible]

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.

Dated May 25 2012

Aswley C. Piro
Signature of a member

Signature of a member or authorized representative of a member:

Ashley Cooke

Typed or printed name of signer

Filing Fee: \$25.00