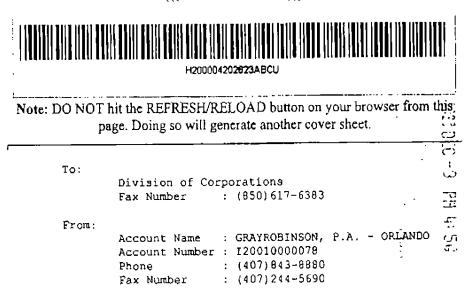
Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200004202823)))



Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mike@staugustinedistillery.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ST. AUGUSTINE DISTILLERY HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

12/10/20

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H20000420282 3)))

(Name of the Limite	LC ed Liability Company as it now appears on our records.) (A Fiorida Limited Liability Company)	·····
. ((A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li-	ability Company were filed on November 9, 2020	and assigned
Florida document number L20000343388	·	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
St. Augustine Distillery Company, LLC		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	<u> </u>
(Principal office address MUST BE A STREE	T ADDRESS)	<u> </u>
		<u> </u>
Enter new malling address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or ragent and/or the new registered office address	registered office address on our records, <u>enter the</u> ss here:	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	
	City	Zip Code
New Registered Agent's Signature, if changing		
I hereby accept the appointment as registere	Registered Agent: ed agent and agree to act in this capacity. I furth per and complete performance of my duties, and istered agent as provided for in Chapter 605, F.	s am jamuuar wun una

(((H20000420282 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H20000420282 3)))

MGR = Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			🗆 Remove
			Change
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			□Remove
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			☐ Change
			194
			□ Remove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and carnot Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to e applicable statutory filing requirements, this date will not be brecords.	605.02 listed
e record specifies a delayed effective date, but not an eff d is filed.	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	ifter ti
Dated	<u>0</u>	
- Villane	A first control of a sale	-
Signature of a membe	r or authorized representative of a member	

Filing Fee: \$25.00

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