

L21 000 235530

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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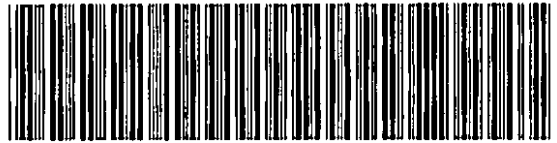
(Business Entity Name)

(Document Number)

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2021 JUN 25 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Islamorada Brewing Company Survivor, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Colby J. Kempe, Esq.

Name of Person

Joseph C. Kempe, Professional Association

Firm/Company

941 N. HWY A1A

Address

Jupiter, FL 33477

City/State and Zip Code

Colbykempe@kempelaw.com

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

For further information concerning this matter, please call:

Tyrone Bradley

305 508-9093
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 Stat
Certified Copy
(additional copy is enc

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**

Islamorada Brewing Company Survivor, 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 May 20, 2021 and assigned
Florida document number L21000235530.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

New Registered Office Address:

3200 St. Lucie Blvd.

Enter Florida street address

Fort Pierce

City

Florida

34946

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

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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>
MGR	Islamorada Beverages Holdings, Inc	3200 St. Lucie Blvd.	<input type="checkbox"/> Add
		Fort Pierce, FL 34946	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tyrone M. Bradley	3200 St. Lucie Blvd.	<input checked="" type="checkbox"/> Add
		Fort Pierce, FL 34946	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christopher Trentine	88950 Overseas Highway	<input checked="" type="checkbox"/> Add
		Tavernier, FL 33070	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nikolaus Schroth	1307 Chippewa ST.	<input checked="" type="checkbox"/> Add
		Jupiter, FL 33458	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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 June 22nd. 2021



Signature of the elector or authorized person

Typed or printed name of signee

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2021 JUN 25 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FL
90th day of the

Filing Fee: \$25.00