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SECRETARY OF STATE

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COVER LETTER

10:	Division of Co			•
annife a	Humanity l	Brewing Company, LLC		
SUBJEC	JB:	Name of Lim	nited Liability Company	<u>_</u> _
The encl-	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	•
		Brittany Axelson		
			Name of Person	
			Firm/Company	
		3590 15th Ave SW	r and example 17	
			Address	
		Naples, FL 34117		
		brittanyseifert@gmail.com	City/State and Zip Code	
			to be used for future annual report it	otification)
For furth	er information o	concerning this matter, please c	all:	
Brittany	Axelson		239 777-8549 at ()	
	Name o	of Person	Area Code Dayı	ime Telephone Number
Enclosed	l is a check for t	he 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 Addres		Street Address:	
	Registration		Registration S	
	Division of C P.O. Box 632	=	Division of C The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Humanity Brewing Company, LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our recorted Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 07/20/2021	and assigned
lorida document number 87-2644232	330045	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited I	iability company here:	
lumanity Beverage Company, LLC		
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LL	
inter new principal offices address, if applicable:		2022 C
Principal office address MUST BE A STREET ADDRESS,	λ	E B T
·	•	PH T
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		원 0
		111
. If amending the registered agent and/or registered office	ce address on our records, <u>ente</u>	r the name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	288
	, F	lorida
	City	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>	Type of Action
			□Remove
			Change
	 		□Add
			□Remove
			□Change
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<u>te:</u>	E: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	mant to 605.020 not be listed as
<u>te:</u>	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure 1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will iment's effective date on the Department of State's records.	mant to 605.020 not be listed as
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Filing Fee: \$25.00