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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

(A D)

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: So Good Boe Name of L	er Garden and Cafe
The enclosed Articles of Amendment and fee(s) are st	submitted for filing.
Please return all correspondence concerning this matter	ter to the following:
Ros	Palee Lewis Name of Person
50 laco	od Beer Geirden and Cafe-LLC Firm/Company
3813	Doubline Street BER T
Sebr	City/State and Zip Code Ce the 10 49hDo - Com The State and July 10 to be used for future annual report notification)
E-mail address	ie me 10 49hbo - Com 33 8 8 s: (to be used for future annual report notification)
For further information concerning this matter, please	e call:
ROSalee Lewis Name of Person	at (863) 835-0015 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sum \$\$\$\$\$\$\$\$\$S25.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

So Grood (Name of the Limited Li	Peer Gorde Company as it now appeal	en and Cafe	LLC
(AF)	lorida Limited Liability Company)		
The Articles of Organization for this Limited Liabili	ity Company were filed on _	Sept. 1, 2021	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the SO GOOD BEEV G. The new name must be distinguishable and contain the words	arolen & Co	fé & motel	ation "L.L.C."
Enter new principal offices address, if applicable	• •	Çr.	2@
(Principal office address MUST BE A STREET Al	DDRESS)	TALLA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Q	HEY OF STATE	6 PH 4: 09
B. If amending the registered agent and/or regist agent and/or the new registered office address he		records, <u>enter the name of</u>	the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
		, Florida	
_	City	Z	ip 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 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
			□Add
		 -	□Remove
			☐ Change
			□Remove
			202 TSEP
			202 FEP 169 PM 109 SECRETARY OF STATE
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			Add
			Remove
			□ Change

Amending business name	\		·	
SD Gold Beer Garden and	Corfe LL	_		
To: So Good Beer Granden & Cafe	- Emode	L	LC	-
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			9	
tive date, if other than the date of filing:		ional)	Discusses	ta 605 /
If the date inserted in this block does not meet the applicable statutory fi	ling requirements, thi	s date v	will not b	e liste
nent's effective date on the Department of State's records.				
rd specifies a delayed effective date, but not an effective time, at 12:01 a.r	m, on the earlier of: (l	o) The	90th day	y after
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C(1)				
19/13/ , 2021				
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