122000077741

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COVER LETTER

TO:

Registration Section

Division of Corporations			
CDAUT DE	ET FLORIDA LLC	y y	,
SUBJECT:			
 -	Name of Limit	led Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	MATTHEW MCNAMARA	A, ESQ	
		Name of Person	··········
	SSM LAW GROUP, PLLC		
		Firm/Company	
	1420 GENE STREET		
	 .	Address	
	WINTER PARK, FLORID		
	MATT@SSMLAWGROUI	City/State and Zip Code	
		to be used for future annual report not	fication)
For further information c	oncerning this matter, please ca	all:	
MATTHEW MCNAMA	RA, ESQ	407 900-9055 at ()	
Name o	f Person	Area Code Daytin	e Telephone Number
Enclosed is a check for the	ne 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 Se	
Division of Corporations		Division of Co	-
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRAFT BEER FLORIDA LLC			
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) .iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L22000077741	were filed on 02/16/2022	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbrevia	ition "L.L.C."	
Enter new principal offices address, if applicable:	10850 HEATHER RIDGE CIR, APT 2		
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32817		
Enter new mailing address, if applicable:	10850 HEATHER RIDGE CIR, APT 2		
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32817	SECE	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:		- M	
		, <u>H</u>	
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City Zi	p 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>	Name	Address	Type of Action
AMBR	MATIAS DE LA CERDA	LUIS CARRERA 2600, DEPT. 303	≡ Add
		VUTACURA, SANTIAGO, RM	□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		
			□Remove
			Change
			🗀 Add
			Cl Change
			□ Add
			Remove
			Change
			□Remove
			□Change
			□Add
			□ Remove
			□Change

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ffective	date, if other than the date of filing:(optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
tan effect Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	's effective date on the Department of State's records.
e reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The 9	Oth day after the record is filed.
	08 / 12 / 2022
Dated	
	Juan Alarcón
	Signature of a member or authorized representative of a member
	Juan Domingo Alarcon Valenzuela

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Filing Fee: \$25.00