Florida Department of State Division of Copporations

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.

(((H22000122087 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAVESE LAW FIRM Account Number : I20130000057

: (239)334-2195

Fax Number

: (239)332-2243

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

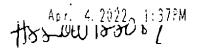
WILLIAMSON SPIRITS COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



COVER LETTER

Division of Cor		,	
William SUBJECT:	son Spirits Company, LLC		
30B0EC1.	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fce(s) are subj	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Charles Bryan Capps, Es	sq.	
		Name of Person	
	Pavese Law Firm		
		Firm/Company	
	P. O. Box 1507		
•		Address	
	Fort Myers,FL 33902-150	7	
		City/State and Zip Code	
	Melanie@Williamsonan	dsonsmarine.com o be used for future annual report not	(fication)
For further information	concerning this matter, please ca	•	
Charles Bryan Capps,	Esq.	239 336-6219	
Name (f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee &: Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Malling 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

180481 00046ty

4 23000 123081 1:37PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILLIAMSON SPIRITS CO	,		
(Name of the Limit	ed Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on March 2, 2022	and assigned
Florida document number L22000088201	 '		
This amendment is submitted to amend the foll-	owing:		,
A. If amending name, enter the new name o	the limited liabi	lity company here:	
ST. JAMES CITY BREWING COMPANY, LL	C		
The new name must be distinguishable and contain the v	ords "Limited Liabili	ity Company," the designation "LLC" or t	ne abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	TADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)	•	
	<u> </u>		
B. If amending the registered agent and/or ragent and/or the new registered office address		ddress on our records, enter the i	name of the new registered
agon and her registered write and to	is nere.		022
Name of New Registered Agent:	N/A		AP 2
New Registered Office Address:	N/A		- FA
		Enter Florida street address	
		, Florida	
		City	Zip CodN

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

M30661 6008671

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
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<u></u>	DAdd
			□Change
	·		□Add
		· 	□Remove
			Change

				<u></u> -							-
											_
										·-	_
										· · · · · · · · · · · · · · · · · · ·	-
			-								_
											_
								<u></u> .			-
					·						-
-											_
											-
	·										-
		_								_	_
	····										_
		_									
				_							_
						•					<u></u>
			 							<u>.</u>	_
-			-							•	-
											_
<u>ite:</u> If the	ate, if other date is listed, the date inserted effective date	i in this blo	ock does not	meet the a	applicable	are of filing	or more the	n 90 days afte irements, th	tional) er filing.) P nis date w	tursuant to 60 ill not be lis	05.0201 sted as
cord spec s filed.	cifies a delaye	ed effective	date, but no	ot an effec	tive time,	at 12:01 a	ım. on the	earlier of: ((b) The s	90th day aft	er the
ed A	oril 4			2022							
		0/4									
	7	Lavinged William	Son III (Anna 303)	2 (3·22 F3T)							
			son III (Apr 4, 202) Signature of		τ authorize	d represent	ative of a n	èmber		· · · · · · · · · · · · · · · · · · ·	

Filing Fee: \$25.00

H32000 123087