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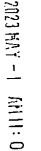
| (Request | or's Name) |
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| PICK-UP |] WAIT MAIL |
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| Certified Copies | Certificates of Status |
| Special Instructions to Filing | Officer: |
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COVER LETTER

| TO: Registration Se Division of Co | | | | |
|---------------------------------------|--|---|---|--------|
| BREWSA | | | | |
| SUBJECT: | | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspondence | ondence concerning this matter | to the following: | | |
| | LORI FELDMAN STREI | SFELD | | |
| | | Name of Person | | |
| | | Firm/Company | | |
| | 9101 OLD PINE ROAD | | | |
| | | Address | | |
| | BOCA RATON, FL 3342 | 8 | | , 1 |
| | | City/State and Zip Code | | |
| | INFO@BREWSAKI.COM | | · | : |
| | E-mail address: (| to be used for future annual report notif | ication) | • |
| For further information of | concerning this matter, please c | all: | | : |
| LORI FELDMAN STR | EISFELD | 602 505-7382 at () | ication) | |
| Name o | of Person | | : Telephone Number | • |
| Enclosed 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 enclose) | |
| Mailing Addre | | Street Address: | | |
| Registration Division of C | | Registration Sec Division of Con | | |
| P.O. Box 632 | · · · · · · · · · · · · · · · · · · · | The Centre of T | • | |
| Tallahassee, | FL 32314 | 2415 N. Monroe | Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BREWSAKI LLC | | | | |
|--|--|--------------------|----------------|------------|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appears on our remitted Liability Company) | cords.) | | |
| The Articles of Organization for this Limited Liability Cor | pany were filed on 06/10/2022 | | and ass | signed |
| Florida document number 1.22000266488 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limite | l liability company here: | | | |
| The new name must be distinguishable and contain the words "Limite | Liability Company," the designation " | LLC" or the abbrev | riation "L | L.C." |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRE | <u></u> | | | |
| | | · . | <u> </u> | |
| | | - | <u> </u> | ; E |
| Enter new mailing address, if applicable: | | | 1 | , |
| (Mailing address MAY BE A POST OFFICE BOX) | | | _=; | · · |
| | | E ^r o | = | |
| B. If amending the registered agent and/or registered of | ffice address on our records, <u>e</u> n | nter the name o | O f the nev | w register |
| agent and/or the new registered office address here: | | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | · · · · · · · · · · · · · · · · · · · | | | |
| | Enter Florida street ad | ldress | | |
| | | , Florida | · · · · | |
| New Registered Agent's Signature, if changing Registered A | City | | Zip Code | |

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 |
|--------------|-------------------|---------------------------|------------------|
| MGR | ROBERT STREISFELD | 7785 TRAVELERS TREE DRIVE | |
| | | BOCA RATON, FL 33433 | □Remove |
| | | | □Change |
| MGR | KEVIN STREISFELD | 1930 RIVER OAKS DRIVE | ■ Add |
| | | WESTON, FL 33326 | □Remove |
| | | | □ Change |
| | | | Add |
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| | | | Change. |
| | | | Change O Add |
| | | | □Remove |
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| Effective date, if other th | | filing: | 6/2023 | | | (options | | | |
| f an effective date is listed, the d Note: If the date inserted in document's effective date or | this block does | not meet the | applicable sta | | | | | | |
| e record specifies a delayed ord is filed. | effective date, bu | t not an effec | ctive time, at | 12:01 a.m. or | the earlie | r of: (b) | The 90t | | ter the |
| Andl 26 | | 2022 | | | | | : :: | 2023 HAY | |
| Dated April 26 | -, / f | 2023 | | | | | • = | | 1 |
| Ma | ik Si | reuts | of I | _ . | | | | 1 | r |
| | Signature | of a member of | or authorized r | epresentative o | f a member | | · : | AN. | |
| MARK STREIS | EEL D | | | | | | - 'C⊃' | == | زر |

Typed or printed name of signee