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(R	equestor's Name)	
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PICK-UP	MAIT	MAIL
(B	Susiness Entity Name)	
(D	Occument Number)	
Certified Copies	Certificates of S	Status
Special Instructions to	Filing Officer:	
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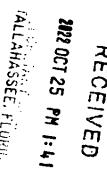




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2022 OCT 25 PM 2: 09



A. BUTLER OCT 2 5 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mizar Brewing LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marlena McCollough Name of Person
Mizar Browing Firm Company
P.O. Box 120235 Address
Melbourne FL 32912 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marlena Mc (ollough at (321) 507-8099 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Mizar Brew			2022 OCT 25 PM 2: 11
(Name of the Limited (A) The Articles of Organization for this Limited Liab Florida document number \(\bigcup_{\lambda} \frac{\lambda}{\lambda} \fr	pility Company we	as it now appears on our records.) bility Company) ere filed on	1311 AH NO SEE, FILE OF STATE and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of t	he limited liabilit	v company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	<u> </u>	*****
	-		
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	<u> </u>	
	-		
B. If amending the registered agent and/or regagent and/or the new registered office address		dress on our records, <u>enter th</u>	ie name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
		. Flor	ida
		City	Zin Coda

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>	<u>Name</u>	Address	Type of Action
MGR	Marlena McCollough	2134 Nebula Way	□Add
		Apt 104	□Remove
		Melbourne, FL 32904	\(\sum_{\text{change}}\)
MGR Brett Goeke	Brett Goeke	2230 Merion Drive	□Add
		Apt 104	🗆 Remove
		Melburne, FL 32935	Denange
<u> </u>			□Add
			□Remove
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Note.	ve date, if other than the date of filing:
ie recor ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	October 25th, 2022.
	October 25th, 2022. Male Mc Collaid. Signature of a member or authorized representative of a member
	englature of a memory of displacement of a memory

Filing Fee: \$25.00