L24000009014

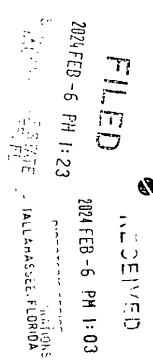
	(Requestor's Name)	
	70 P. C. S.	
	(Address)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
	(Only Otalo: Zipir violid ii)	
	_	_
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
L		

Office Use Only



800422983668

\$3,44,7449 PG: 009 **25.99





COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Watercraft Br.	ewing and Distill mited Liability Company	ing LLC
The enclosed Articles of Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
	Name of Person	
Apolodicola	Craft Brewing an	nd Distilling LLC
	e D Address	
Apoladi wl	City/State and Zip Code City/State and Zip Code Company Com Country Company	
E-mail address:	(tobe used for future annual report notific	ation)
For further information concerning this matter, please		
Carrie A. Jones Name of Person	at (443) 786 · 7	2969 Telephone Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclused)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corportion The Centre of Tall 2415 N. Monroe Tallahassee, FL 3	orations Hahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	The state of the s
Waterunff Brewn (Name of the Limited Link (A Flor	e and Distill (No LL 2024 FEB - 6 PH 1: 23 willing Company as it now appears and our records.) The Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L24000090</u>	Company were filed on 103 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li Application a Craft Brewing The new name must be distinguishable and contain the words. I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	and DS filling LLC Amitted Liability Company," the designation "LLC" or the abbreviation "L L.C." 17 Ave D
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17 Are D Apolochicolo 17 32320
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registered</u> e:
Name of New Registered Agent: New Registered Office Address:	Avril A. Joves + Ave D Enter Florida street address
A	ralacticola, Florida 52320 City Zip Code
New Registered Agent's Signature if changing Registe	ored Auent

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	Cavey Michelle Shepard	17 Ave D	Add
	1	17 Ave D Apalachicola FC 32320	/ □Remove
		 	
•			🗆 Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Renюve
			Change

). Il aine	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
_	
-	
-	
-	
-	
_	
-	
-	
-	
n ng s	The state of the s
Note:	ve date, if other than the date of filing: (optional) ective 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 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
If the recor record is fi	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	February 6 2024.
	Signature of a member or authorized representative of a member
	AN C'M A () OVAC

Filing Fee: \$25.00