

MIB 000010278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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641

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DEPARTMENT OF STATE
DIVISION OF CORPORATION
TULAHASSEE, ALABAMA

2020 MAR -5 AM 8:04

FILED

MAR 06 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2020

JENNIFER PATTERSON
JG PATTERSON, PA
3404 WILLOW BRANCH LN
KISSIMMEE, FL 34741

SUBJECT: TYLER WOOD WHITE WHISKEY, LLC
Ref. Number: M16000010278

We have received your document for TYLER WOOD WHITE WHISKEY, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 020A00000481

RECEIVED
2020 JAN 10 3:45 PM
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tyler Wood White Whiskey, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Patterson

Name of Person

JG Patterson, PA

Firm/Company

3404 Willow Branch Ln

Address

Kissimmee, FL 34741

City/State and Zip Code

jenny@jgp-cpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Patterson

at (407)

935-1647

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Tyler Wood White Whiskey, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M16000010278

3. Jurisdiction of its organization: Kentucky

4. Date authorized to do business in Florida: 12/22/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Tyler Wood Distilling Co., LLC
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida

City

Zip 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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 MAR -5 AM 8:04

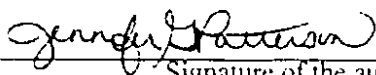
FILED

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Jennifer G. Patterson, Registered Agent

Typed or printed name of signee

Filing Fee: \$25.00



0969548.06

balimonos
AMDAlison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
10/30/2019 3:21 PM
Fee Receipt: \$40.00**COMMONWEALTH OF KENTUCKY**
ALISON LUNDERGAN GRIMES, SECRETARY OF STATEDivision of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.govArticles of Amendment
(Limited Liability Company)
TYLER WOOD DISTILLING CO., LLC
103 WHITE WHISKEY LANE
LEWISBURG, KENTUCKY 42256

LLA

Pursuant to the provisions of KRS 14A and KRS Chapter 275, the undersigned applicant applies to amend articles and, for that purpose, submits the following statements:

1. Name of the limited liability company on record with the Office of the Secretary of State is:

TYLER WOOD WHITE WHISKEY, LLC

(Name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: AMENDMENT TO CHANGE THE NAME OF THE
LLC TO: TYLER WOOD DISTILLING CO., LLC3. The date of adoption of each amendment was 10/23/19

4. Mark the appropriate line in the following statement for the adoption of the amendment (check only one option):

The amendment(s) was/were duly adopted by the managers _____ or members X in accordance with the articles of organization, the operating agreement of the limited liability company, or this chapter.5. This amendment will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)6. The individual signing these articles of amendment is a (check only one): Member X or Manager _____

Please indicate whether any of the following applies to your business ownership:

☐ Women Owned ☐ Veteran Owned ☐ Minority Owned

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of Member, Manager or Authorized Party

Patrick Shirkey

Printed Name

Treasurer

Title

10/28/19

Date

Signature of Member, Manager or Authorized Party

Printed Name

Title

Date