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.

(((H20000096494 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

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[mail	Address:			

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MANTRA ARTISAN ALES LLC

Certificate of Status	0
Certified Copy	1
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APR 03 2620



April 1, 2020

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

MANTRA ARTISAN ALES LLC 216 NOAH DR, STE 140 FRANKLIN, TN 37064

SUBJECT: MANTRA ARTISAN ALES LLC

REF: M17000006236

We have received your document for MANTRA ARTISAN ALES LLC and your check(s) totaling \$55.00. 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.

FAX Aud. #: H20000096494 Octavia L Simmons

Regulatory Specialist II Supervisor Letter Number: 320A00007102

# 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	s on the records of the Florida Depar	rtment of
State: MANTRA LLC		
Enter new principal office address, if applicable:		<u> </u>
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		#AR 30
2. The Florida document number of this limited lia	bility company is:	
3. Jurisdiction of its organization: Tennessee		
4. Date authorized to do business in Florida: 07/2-		
SECTION II (5-9 complete only the applicable of	changes)	
5. New name of the limited liability company: Li (must	ite is Brewing Beverage Company, LI t contain "Limited Liability Compan	.C ny, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	naging members adopting the altern	ness in Florida and attach a ate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ac	ed officer address on our records, <u>er</u> <u>ddress here:</u>	nter the name of the new
Name of New Registered Agent:		<del></del>
New Registered Office Address:	1. 11 .1 0	The state of the same
	Enter Florida St	
<del></del>	City	, Florida <u>Zip Code</u>
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity, and complete performance of my d tered agent as provided for in Chap, in the registered office address, I h	uties, and Fam Jamiliar with ter 605, F.S. Or, if this

8. If the amendment of	3. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:			
Title/ Capacity	Name	Address	Type of Action	
			□Add	
			□Ren	
			□Ren	
			□Ren	
			□Ad	
			□Rer	
			□Ad	
aforementioned a	ificate, if required: no more than 90 c mendment(s), duly authenticated by the law of which this entity is organ	he official having custody of records in th	□Rei	
	Robert Pinson	ne authorized representative		

Filing Fee: \$25.00



## Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE. 6th FL Nashville, TN 37243-1102

CFS SUITE B 992 DAVIDSON DRIVE NASHVILLE, TN 37205 March 25, 2020

Control # 802667

Receipt # : 5412518 Filing Fee: \$20.00 Effective Date: 01/01/2019

#### CERTIFICATE OF MERGER

Steelbarrel Brewing LLC (TENNESSEE) (Qualified Non-survivor)

merged into Life is Brewing Beverage Company, LLC (formerly known as Mantra LLC) (TENNESSEE) (Qualified Survivor)

This will acknowledge the filing of the Articles of Merger with an effective date as indicated above.

When corresponding with this office or submitting documents for filing, please refer to the control number given above.

Tre Hargett Secretary of State

Processed By: Deborah Chaney