

M23000014132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

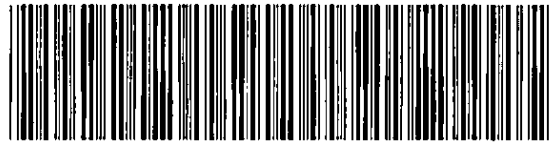
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NOV 15 2024

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CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 11/14/2024

Acc#120160000072

en: c 12/11

Name:	BevNomad, LLC
Document #:	
Order #:	15976490

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEVNOMAD, 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:

Diana Delecaris

Name of Person

UB Greensfelder LLP

Firm/Company

10 S Broadway, Suite 2000

Address

St. Louis, MO 63102

City/State and Zip Code

ddelecaris@ubglaw.com

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

For further information concerning this matter, please call:

Diana Delecaris

Name of Person

at (314)

516-2679

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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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: BEVNOMAD, LLC

Enter new principal office address, if applicable: 1155 N Gulfstream Ave UNIT 1604

(Principal office address

MUST BE A STREET ADDRESS)

Sarasota, FL 34236

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1155 N Gulfstream Ave UNIT 1604

Sarasota, FL 34236

2. The Florida document number of this limited liability company is: M23000014132

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/03/2023

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

5. New name of the limited liability company: _____
(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

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>
MGR	Steve Kwapil	1155 N Gulfstream Ave UNIT 1604	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34236	<input type="checkbox"/> Remove
MGR	Chris Sellers	601 21st Street, Suite 300	<input type="checkbox"/> Add
		Vero Beach, FL 32960	<input checked="" 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.

DocuSigned by:

Steve Kwapil

0397542116 of the authorized representative

Steve Kwapil, Manager

Typed or printed name of signee

Filing Fee: \$25.00