P13000072323

(Requestor's Name)
(Address)
· ,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
LI FICK-OF WAIT LIVIALE
(Business Entity Name)
(Document Number)
,
Codification of Obtain
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, and the second

Office Use Only



200263326412

08/18/14--01007--019 **70.00

14 AUG 18 PM 1: 25

C. 1246 AUG 25 204

COVER LETTER

Division of Corporations Beards & Boxers Company The Brews NAME OF CORPORATION: 000072 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

	Articles of Ame	endment		
	to Articles of Incor	noration	Sá	WAETE TO STATE
	A of	Por action	A DIVI	SEA OF LIPPURATIONS
1 h Brews Bea	rds &	Dokers	Compan	AYG 18 PM 1: 26
(Name of Corporation as currently	filed with the Flor	rida Dept. of State)	· ·	/
P130000	7423	23		•
(Document Number of	of Corporation (if k	nown)		_
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this <i>Fla</i>	orida Profit Corporatio	n adopts the followir	ng amendment(s) to
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	rp," "Inc," or "Co ne abbreviation "P.) p <mark>le:</mark>	". A professional cor		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	' <u>OX</u>)		, , , , ,	- -
D. If amending the registered agent and/or regist new registered agent and/or the new registere		s in Florida, enter the	name of the	
Name of New Registered Agent				-

	(Florida street	address)		ਰ ਜੁੜ੍ਹੇ,
Nau Pariatoral Office Address		, Flor	ei.da	<u> </u>
New Registered Office Address:	(City)		(Zip Code)	ି କୁ ଅନୁଦ୍ରପ୍ତି ଅନ୍ୟ ବୃଦ୍ଧ
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		h and accept the obliga	tions of the position.	TIORE : 27
Signature of i	New Registered Age	ent, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	-	_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			***
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)	
an amendment provides for an eych	ange, reclassification, or cancellation of issued shares,	
rovisions for implementing the ame	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption: date this document was signed.	_, if other than the
Effective date if applicable: (b) more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.	
Dated Ungust 15, 2016	T Wo
Signature	AUG 1
(By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	8 00 00 00 00 00 00 00 00 00 00 00 00 00
Jose A Barboza	RATION 1: 27
Tose A Barbuza (Typed or printed name of person signing) Director President (Time of person signing)	, is
(Tirle of person signing)	-