P14000035993

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C. CARROTHERS

* COVER LETTER

Amendment Section Division of Corporations

TO:

Amer Ros	- Octol Tuc			
SUBJECT: CMF4 BCC				
DOCUMENT NUMBER: P / 4 DDOO 35993				
The enclosed Articles of Correction and fee	are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
LISA SIESEL Name of Contact Person				
Craff Beer Costel	INC			
557 Sw 12th A	VPNUE			
Fost Landerdale P City/State and Zip Code	2 3 33/2			
CraF+ bergarter BC E-mail address (to be used for future annual repo	T notification)			
For further information concerning this matter, please call:				
A / Sa S/CGCC Name of Contact Person	at (954) 839 - 5725 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amoun	nt:			
\$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status			
□ \$43.75 Filing Fee & Certified Copy	□ \$52.50 Filing Fee, Certificate of Status & Certified Copy			
Mailing Address: 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			

Articles of Amendment

Articles of Incorporation of

Grafit Beer Carter INC	五经 动
(Name of Corporation as currently filed with the Florida Dept. of State)	276 m
P 140000 35993	
(Document Number of Corporation (if known)	<u> </u>
D	the following amondiment(s):
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts its Articles of Incorporation:	the following amendment(s)
	Part or
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable:	name must contain the
(Principal office address MUST BE A STREET ADDRESS)	
	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of	<u>the</u>
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida, Florida	Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of t	he position.
,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	-
Signature of New Registered Agent, 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 <math>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.

X Change	<u>PT</u> <u>Johr</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name .	<u>Addres</u> s
1) Change	VP	JILL FINE	657/ NE 21 Wa
Add Remove			Fost Landerdaré Fr 33308
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessa	l Articles, enter c ary). (Be specifi	c)			
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an amendment provides for ar provisions for implementing the	<u>ı exchange, reclas</u> e amendment if n	ssification, or car	ncellation of issi he amendment i	<u>ied shares,</u> tself:	
(if not applicable, indicate N	7/A)	_ _			
		<u> </u>			
	<u></u>				

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	•	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 2/1	12015	
Signature	hive l'all	
(By a di	rector, president or other officer if directors or officers have not been	
	I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	