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COVER LETTER

TO:, Amendment Section Division of Corporations MAD BEACH CRAFT BREWING MANAGEMENT COMPANY, INC. NAME OF CORPORATION: P15000077527 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: THOMAS POWERS Name of Contact Person MAD BEACH CRAFT BREWING MANAGEMENT COMPANY, INC. Firm/ Company 12945 VILLAGE BLVD. Address MADEIRA BEACH, FLORIDA 33708 City/ State and Zip Code TEDSHARP@TAMPABAY.RR.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: THOMAS POWERS Name of Contact Person 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 is enclosed) **Mailing Address Street Address**

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314



Articles of Amendment

Articles	of
MAD BEACH CRAFT BREWING MANAGEMI	
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P15000077527	
(Document Numl	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
B. Enter new principal office address, if applicable:	12945 VILLAGE BLVD. UP
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MADEIRA BEACH , FL 33708
C. Enter new mailing address, if applicable:	12945 VILLAGE BLVD. UP
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	MADEIRA BEACH , FL 33708
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-	
Name of New Registered Agent	
(Flori	ida street address)
New Registered Office Address:	, Florida
	(City) (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 the position.

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 Do				
X Remove	Y	Mike Jones				
		Sally Smith				
X Add	<u>SV</u>	Sany Sir				
Type of Action (Check One)	<u>Title</u>		Name		Address	
1) Change						
Add						
Remove						
2) Change		_				
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add		_				
Remove						
6) Change		_				
Add						
Remove						

Attach additional sheets, if necessary).	(Be specific)
	(F7)
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	Not Characteless
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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-	September 28th, 2015	
The date of each amendment(s) a date this document was signed.		, if other than the
Tien at the state	September 28th, 2015	
Effective date if applicable:	(no more than 90 days after amendment file a	late)
Note: If the date inserted in this document's effective date on the De	plock does not meet the applicable statutory filing requirent partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes cast for the officient for approval.	amendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amend	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action ar	nd shareholder
	opted by the incorporators without shareholder action and sh	nareholder
action was not required.		
Dated	9128115	
Dateu		
Signature	homas Powers	
(By a c	lirector, president or other officer - if directors or officers ha	
	d, by an incorporator - if in the hands of a receiver, trustee,	or other court
appoir	ted fiduciary by that fiduciary)	
	Thomas Powers	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	