P17000018700

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: MAD INDIAN BR	REWING, INC (EIN # 82-	1245583 NEW)
DOCUMENT NUMBE	R: P17000018700		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	endence concerning this ma	tter to the following:	
JI .	FFREY ASHLINE		·
		Name of Contact Pers	on
_		Firm/ Company	
68	11 ALTA VISTA		
-		Address	
PC	ORT RICHEY, FL 34668		
	***	City/ State and Zip Co	de
JASHLI	NE6811@ICLOUD.COM		
	E-mail address: (to be us	sed for future annual repo	rt notification)
For further information c	oncerning this matter, pleas	se call:	
JEFFREY ASHLINE		at (433-6371
Name of	Contact Person	Area C	Code & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida De	partment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amer Divis Clifto	et Address Indiment Section It ion of Corporations In Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MAD INDIAN BREWING INC. (Name of Corporation as currently filed with the Florida Dept. of State) P17000018700 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida 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 positions. 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 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	CEO	JEFFREY ASHLINE	
Add Remove		nna	
2) X Change	CFO	NICOLLE NICHOLE ASHLINE	
Add			
3) Change	P	BILLY J LAO	9121 RUGER DR
X Add			NEW PORT RICHEY, FL 34655
Remove			
4) Change	VP	CHRISTINA LAO	9121 RUGER DR
<u>X</u> Add			NEW PORT RICHEY, FL 34655
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/À	
E If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

	tion:	, if other than the
date this document was signed. 8/16/17		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the cient for approval.	he amendment(s)
	ved by the shareholders through voting groups. The factor character of the shareholders through voting group entitled to vote separately on the ame	
	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and	shareholder
DatedSignature	20/47	
Signatura	18.	
(By a direct selected, b	etor, president or other officer – if directors or officers by an incorporator – if in the hands of a receiver, trusto had had by that fiduciary)	
••	• •	
<u>ж</u>	FFREY ASHLINE	
	(Typed or printed name of person signing)	
CF	SO	
	(Title of person signing)	

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