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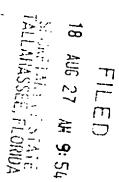
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AUG 2 9 2018 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ST. MICHAEL'S F	BREWING COMPANY, II	NC.	
DOCUMENT NUM				
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	MICHAEL P. BARES, SR.			
		Name of Contact Person	1	
	ST. MICHAEL'S BREWING	COMPANY, INC.		
	-	Firm/ Company		
	8221 HARTINGTON DRIVE	• •		
		Address		
	NAVARRE, FL 32566			
		City/ State and Zip Cod	e	
MIK	EB@STMICHAELSBREWIN	G.COM		
		ed for future annual report	notification)	
		•		
For further information	n concerning this matter, please	e call:		
MICHAEL BARES		850 at (797-0682	
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check to	or the following amount made p	payable to the Florida Depa	artment 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)	
Am	iling Address endment Section ision of Corporations	Amend	Address ment Section of Corporations	
P,O	. Box 6327	Clifton	Building	
Tall	ahassee, FL 32314	2661 E	xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

c_{T}	MICHA	FILS	BREWING	COMP	$\Lambda N V$	INC
J I .	1911 (117)		DIVENTING	COMM	<i>(</i>	1111

(Name of Corporation as curren	tly filed with the Florida	Dept. of State)
P18000068734		
(Document Number	of Corporation (if known)	·
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporat	ion adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporat, "Corp," "Inc," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional co	
B. Enter new principal office address, if applicable:	N/A	TAL 18
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		AUG FI
		SSEE
C. Enter new mailing address, if applicable:	N/A	. FLOS 9: □
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		<u> </u>
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter th	e name of the
new registered agent and/or the new registered office addre		Chance of the
Name of New Registered Agent N/A		
tFlorida s	treet address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ager	nt:	
I hereby accept the appointment as registered agent. I am familian		ations of the position.
Signature of New	Registered Agent, if chang	ting

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: XChange	$\overline{\text{PT}}$	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>	Address
1) X Change	P	MICHAEL P. BARES, SR.	8221 HARTINGTON DRIVE
Add			NAVARRE, FL 32566
Remove			
2) X Change	VST	PAULA L. BARES	8221 HARTINGTON DRIVE
Add			NAVARRE, FL 32566
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

Ά	al sheets, if necessary	in the specific			
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If an amendme	nt provides for an e	xchange, reclassif	ication, or cance	llation of issued sl	nares,
(if not ann	implementing the a licable, indicate N/A)	<u>menament 11 not 4</u> 1	contained in the s	amenament usen:	
Α	The state of the s	,			
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	-				

	8/22/2018	
The date of each amendment(s):	adoption:	, if other than th
date this document was signed.		
	22/2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the L	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amend sufficient for approval.	lment(s)
	oproved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendments:	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were acaction was not required.	dopted by the board of directors without shareholder action and shareholder	reholder
action was not required	dopted by the incorporators without shareholder action and shareholder	der
Dated	8/03/2016	
C'	8/03/2016	
Signature	director, president or other officer – if directors or officers have no	t baan
	ed, by an incorporator – if in the hands of a receiver, trustee, or other	
	nted fiduciary by that fiduciary)	er court
	MICHAEL P. BARES, SR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	