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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: ST. MICHAEL'S	BREWING COMPANY, II	NC.
DOCUMENT NUM	P18000068734	.	
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	respondence concerning this ma	atter to the following:	
	BARES, MICHAEL P. SR		
		Name of Contact Perso	n
	ST. MICHAEL'S BREWING	G COMPANY, INC.	
		Firm/ Company	
	8221 HARTINGTON DR		
		Address	
	NAVARRE, FL 32566		
		City/ State and Zip Cod	e
MII	KEB@STMICHAELSBREWI	NG.COM	/
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
	·		
BARES, MICHAEL		at () <u></u>
Name of Contact Person Area C		Area Co	de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	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)
Mailing Address Amendment Section			Address Iment Section
Division of Corporations		Division of Corporations	
	D. Box 6327 Hahassee, FL 32314		Building Executive Center Circle
1 11	Hallassee, F1, J2514	2001 0	Accurive Cemer Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation \mathbf{of}

(Name of Corporation as curre	ently filed with the Floric	la Dent. of State)	
P18000068734	con inca min the Fibric	in izena or mate,	
	20 1 10		
(Document Number	er of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his <i>Florida Profit Corpor</i>	ation adopts the following amendment	ent(s) to
A. If amending name, enter the new name of the corporation:	<u>.</u>		
N/A		The new	
name must be distinguishable and contain the word "corpore "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," o word "chartered," "professional association," or the abbreviatio	or "Co". A professional	incorporated" or the abbreviation	1
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	

		7 7	1 1
			1 [T]
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	3.50	0
(day con			
		- 15) - 15)	
		,	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addi		the name of the	
Name of New Registered Agent N/A			
(Floride	ı street address)		
v. n. v. 100 mil		ri	
New Registered Office Address;	(City)	, Florida (Zip Code)	
	• *	•	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famili		igations of the position.	
	w Registered Agent, if cha		

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: \underline{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) X Change	PD	BARES, MICHAEL P, SR	8221 HARTINGTON DR
Add			NAVARRE, FL 32566
Remove			
2) X Change	VTSD	BARES, PAULA L	8221 HARTINGTON DR
Add			NAVARRE, FL 32566
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	
	-

	10/18/2018	
The date of each amendment(s) ad-	option:	, if other than th
late this document was signed.		
	3/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this partment of State's records.	is date will not be listed as th
adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendm ficient for approval.	ent(s)
	oved by the shareholders through voting groups. The following standard voting group entitled to vote separately on the amendment(s):	tement
"The number of votes east for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
action was not required.	oted by the board of directors without shareholder action and shareholde by the incorporators without shareholder action and shareholde	
Dated	0/18/2018	
Signature		
selected.	rector, president or other officer – if directors or officers have not be, by an incorporator – if in the hands of a receiver, trustee, or other diffiduciary by that fiduciary)	
_	Modrael Branes, SR.	
	(Typed or printed name of person signing)	
_	Profinent/Director	
	(Title of person signing)	