119000051856

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PICK-UP WAIT MAIL
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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Divi	ision of Co	rporations				
SUBJECT:		ading Company LLC				
			nited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return	all correspo	ondence concerning this matter	r to the following:			
		Scott R. Hinman				
			Name of Person			
		Craft Jerky Store LLC				
			Firm/Company			
	11723 Wells Creek Parkway Unit 1408					
			Address			
		Jacksonville, FL 32256				
			City/State and Zip Code			
		craftjerkystore@gmail.com				
For further int	formation co	oncerning this matter, please c	to be used for future annual report not	fication)		
Scott Hinman			816 694-0951			
	Name of	Person		c Telephone Number		
Enclosed is a	check for th	e following amount:				
□ \$25.00 Fil		■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ng Address stration S		Street Address:	ation.		
		orporations	Registration Sec Division of Cor			

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Islander Trading Company LLC				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	y were filed on <u>09/09/2019</u>	and assigned		
Florida document number L19000051856				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	bility company here:			
Craft Jerky Store LLC				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abl	previation "L.L.C."		
Enter new principal offices address, if applicable:	11723 Wells Creek Parkway			
(Principal office address MUST BE A STREET ADDRESS)	Unit 1408			
	Jacksonville, FL 32256			
Enter new mailing address, if applicable:	11723 Wells Creek Parkway			
(Mailing address MAY BE A POST OFFICE BOX)	Unit 1408			
	Jacksonville, FL 32256			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name	of the new registere		
New Registered Office Address:				
	Enter Florida street address	f 13		
-	, Florida			
Non-Boston de de Company	City	Zip Còde		
New Registered Agent's Signature, if changing Registered Agent:		6		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□ Remove
			□ Change
			Remove
			Change
			
			□Remove
			Change
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
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Effective date, if other than the date if an effective date is listed, the date must be so	necific and cannot h	or prior to de	ate of filing or	more than 90	(option	1 al) ling.) Pursuant	to 605 0207
Note: If the date inserted in this block of document's effective date on the Depart	ioes not meet the.	applicable	statutory fil	ing requirer	nents, this c	tate will not t	be listed as t
record specifies a delayed effective dated is filed.	e, but not an effec	ctive time,	at 12:01 a.m	. on the ear	lier of: (b)	The 90th da	y after the
Pated Sep 16	, 2021						
Scott R. Himm	ow Ture of a member of	r gutho-inc-	Isaassa				_
Signa	care or a member ()	e autnofize(ı representativ	e of a memb	er		