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07/28/08--01045 ALLAHASSEE FLOR

COVER LETTER

TO: Registration Sec Division of Corp		•	•
SUBJECT: FAIRHO	PE VINTNERS LLO		
	(Name of Limit	ited Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter	_	
rouse rotain an correspon	nacios concerning time matter	to the following.	
	Christopher Jones		
		(Name of Person)	
	FAIRHOPE VINTNERS L	LLC	
		(Firm/Company)	
	1256 SE Illusion Isle Way	<i>!</i>	
		(Address)	-
	Stuart, Florida 34997		
		(City/State and Zip Code)	
For further information co	ncerning this matter, please co	all:	
Christopher Jones		at (954) 465-5832	
(Name o	f Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□\$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)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 JUL 28 PM 12: 54
SECRETARY OF STATE
ALLAHASSEF FLORIDA

FAIRHOPE VINTNERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company w	rere filed on 11/20/2007	and assigned	
Florida document number L07000118784			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and end with the words "Limited"L.L.C."	d Liability Company," the designation '	'LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	·		
Enderson and the sold and the s			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	(Enter Florida street a	ddrass)	
	(Emer Frontau street address)		
	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	(~·· <i>))</i>	(zip Code)	

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 608, 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 Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** Type of Action <u>Name</u> <u>Address</u> MGR Regina Jones 1256 SE Illusion Isle Way ■ Add Stuart, Florida 34997 Remove MGR Patrick B. Jones 200 Radcliff Rd ₽7 Add Staten Island, NY 10305 Remove Add 🏲 Remove Add Remove ___ Add 🗖 Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated June 2008 1

Typed or printed name of signee

Christopher Jones

Signature of a member or authorized representative of a member

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- Filing Fee: \$25.00