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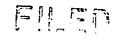
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2021 ROV 12 PM 4: 17

COVER LETTER

TO:	Registration Se Division of Cor			
eun rez		& HEMP LLC		
SUBJEC		Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		Don Biroschik		
		- • .	Name of Person	
		Don Biroschik CPA, P.A.		
			Firm/Company	
		35 Knight Boxx Rd., Suite	4	
			Address	
		Orange Park, FL 32065		
			City/State and Zip Code	
		don@dbcpa.us	to be used for future annual report no	vitigation)
For furth	ner information c	oncerning this matter, please c	•	ancaton
Don Bir	oschik		904 276-2262	
Name of Person		Area Code Dayti	me Telephone Number	
Enclosed	t is a check for th	ne following amount:		
	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section (corporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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JAX CBD & HEMP LLC (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 08/10/2020 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Cesar Family Investments, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___ New Registered Agent's Signature, if changing Registered Agent: 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 Changing Registered Agent, Signature of New Registered Agent

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
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change
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Effective date, if other than the fan effective date is listed, the date must be listed. If the date inserted in this blocument's effective date on the D	ock does not mee	t the applicabl	date of filing or mo e statutory filing	(option than 90 days after requirements, this	onal) filing.) Pursuant to 605. date will not be liste	02 0 7 :d as
record specifies a delayed effective d is filed.	e date, but not an	effective time	, at 12:01 a.m. o	n the carlier of: (b) The 90th day after	the
October 25		2021				
X an	el .	nher of authoriz	2 red representative	of a member		
_ 	Signature of a mer	TIOC! OF BRITISHE				

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Filing Fee: \$25.00