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2022 APR -4 AM 10: 35

9 4/18/2022

COVER LETTER

TO:

Registration Section

Div	ision of Corp	porations					
ern ie ôw	Craft Wine Gifts LLC						
SUBJECT:Name of Limited Liability Company							
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Jenny Countz					
			Name of Person				
		ZenBusiness Inc.					
	Firm/Company						
	5511 Parkcrest Drive, Suite 103						
	Address						
	Austin, TX 78731						
			City/State and Zip Code				
		fulfillment@zenbusiness.co					
			to be used for future annual report i	notification)			
For further in	nformation co	oncerning this matter, please c	all;				
Jenny Coun	ıx		844 493-6249 at ())			
	Name of	Person	Area Code Day	time Telephone Number			
Enclosed is a	a check for th	e following amount:					
≡ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing rice & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)			
	iling Addres gistration S		<u>Street Address</u> Registration				
		orporations	Division of Corporations				
	D. Box 632			f Tallahassee			
[:1	Hahassee T	1 57514	7415 № Mor	roe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Craft Wine Gifts LLC

company has been notified in writing of this change.

2022 APR -4 AM 10: 35

(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our (Liability Company)	TALL MAUSEE, FL
The Articles of Organization for this Limited Liability Compan		
Florida document number 1.22000024026		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Family Jackson Enterprises LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	n "LLC" or the abbreviation "L.L.C."
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)		
D. If any adding the market and any and any all the state of the state	. 1.1	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new register
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	· _ · _ · _ · _ · _ · _ · · · · · · · ·	
	Enter Florida street	address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ı:</u>	
I hereby accept the appointment as registered agent and ag	ree to act in this canacity	v. I further agree to comply with t
provisions of all statutes relative to the proper and complet		

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

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
			□Add
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			□Change

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				 _
ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the December 2.	ock does not meet the ap	plicable statutory :	or more than 90 days after fil filing requirements, this d	al) ing.) Pursuant to 605.0207 ate will not be listed as
record specifies a delayed effective Lis filed.	: date, but not an effecti	ve time, at 12:01 a	.m. on the earlier of: (b)	The 90th day after the
ated March 25	. 2022	·		
/s/ Jayla Jackson	Signature of a member or :			