

CT CORPORATION SYSTEM

CORPORATION(S) NAME

M000000000/1B5

(1) Artisans & Estates LLC

0

ATTACHED
AND
FILED

01 MAR 27 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Profit

☐ Amendment

☐ Merger

☐ Nonprofit

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Reinstatement

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ LLC

☐ Name Registration

☐ Change of RA

☐ Fictitious Name

☐ UCC

☐ Certified Copy

☐ Photocopies

☐ CUS

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

RECEIVED
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DIVISION OF CORPORATION

Name

3/27/01

Order#: 3521637

Availability

Document

Examiner

Updater

Verifier

W.P. Verifier

Ref#:

Amount: \$

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 T092
Fax 850 222 7615

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3-27-01

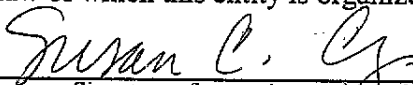
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Artisans & Estates, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 6/15/00

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 9/21/2000
5. New name of the limited liability company: Artisan Cellars, LLC
6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of a member or the authorized
representative of a member

Susan C. Cagann, Manager

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAR 27 PM 1:23

APPROVED
AND
FILED

State of Delaware
Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ARTISANS & ESTATES, LLC", CHANGING ITS NAME FROM "ARTISANS & ESTATES, LLC" TO "ARTISAN CELLARS, LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2000, AT 4:30 O'CLOCK P.M.

APPROVED
AND
FILED
011112 27 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3065470 8100

010063355

AUTHENTICATION: 0961146

DATE: 02-07-01