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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Tenna's Root Z Inc.
DOCUMENT NUMBER: N 19000010432
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Denise R. Lilley
(Name of Contact Person)
Jennals Rootz Inc.
(Firm/ Company)
4233 Homewood Lane
(Address)
Lakeland, Florida 33811
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Denise R. Lilley at 863 559 8680 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed)  S52.50 Filing Fee & Certificate of Status (Certified Copy (Additional Copy is Enclosed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee

## Articles of Amendment

Articles of Incorporation of Roads Roads Tro

Ollinas Roo			
(Name of Corporation as currently filed with the Florida Der			
N (90000	10432		
(Document Number of	of Corporation (if known)	-	
Pursuant to the provisions of section 617.1006, Florida Statutes, amendment(s) to its Articles of Incorporation:	this Florida Not For Profit (	Corporation adopts th	ne following
A. If amending name, enter the new name of the corporation	u NIA		771
name must be distinguishable and contain the word "corporation" "Company" or "Co." may not be used in the name.	n" or "incorporated" or the a	abbreviation "Corp."	The new ' or "Inc."
B. Enter new principal office address, if applicable:	AIM		
(Principal office address MUST BE A STREET ADDRESS)	N(A		
	ALN		~ >
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA		
	NIA		
	NIA		- : .
). If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	ddress in Florida, enter the	name of the	(A)
Name of New Registered Agent:	NIA		
	NA		
New Registered Office Address:	(Florida street d N   A	·	
	City)	, Ftorida (Zip Code)	
iew Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia	ent: ar with and accept the obliga	tions of the position	
· · · · · · · · · · · · · · · · · · ·	NA		
Signat	ture of New Registered Agent	if changing	

and address of each O (Attach additional sheet Please note the officer/o P = President; V= Vice Executive Officer; CFO	fficer and/or Dir is, if necessary) director title by th President; T= Ti e= Chief Financia	e first letter of the office title: easurer; S= Secretary; D= Director; TR= Tr al Officer. If an officer/director holds more th	rustee; C = Chairman or Clerk; CE() = Chief
a change, Mike Jones le	eaves the corpora	tion. Sally Smith is named the V and S. These	
Example: X Change X Remove X Add	<u>V</u> <u>Mike</u>	<u>Jones</u>	
and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) (Please note the officer/director title by the first letter of the office title: P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Che Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.  Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. The a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Changle Jones, V as Remove, and Sally Smith, SV as an Add.  Example:  X Change Y Mike Jones X Add SV Sally Smith  Type of Action (Check One)  Change Add Remove  Change Add Remove	<u>Addres</u> s		
1) Change Add	<u>SD</u>	Cindy Kirkland Crowden	Laxeland, Fl 33812
2) Change	TO	Kari Halperin	2817 Hampton Place Plant City FL 3354
3) Change Add	_ <i>p</i> _	Erin Moody Dawson	
4) Change	<u> 9</u> D	Phyllis Moore	Lakeland, FL 33811
5) V Change	TD	Jill A. Mihm	4233 Homewood Ln. Laxeland, FL 33811
6) Change		-	
Remove			<del></del>
E. If amending or additional she	ing additional A	rticles, enter change(s) here: (Be specific)	

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(32)	Malabac	11 1000		
The date of each amendment(s) adoption:	October October	<u>al</u> alab	, if c	other than the
date this document was signed.		•		
L'Stanting data if any l'   1	October	11 2020		
Effective date if applicable:	<u> </u>	<u> </u>		
(no m	iore than 90 days afte	r amendment file date)		
Note: If the date inserted in this block does not	mont the annlieshie -	tatutany filing as a diament	e shi kalan mati i a ta ata	4 - J T
<u>Note:</u> If the date inserted in this block does not document's effective date on the Department of	inicci die applicable s State's records	tatutory ming requirement	s, this date will not be lis	ted as the
on the Department of	oute a records.			
Adoption of Amendment(s) (CH	ECK ONE)			

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated October 21, 2020	
Signature MErrise D. Sulley	
(By the chairman or vice chairman of the board, president or other officer-if dire have not been selected, by an incorporator – if in the hands of a receiver, truste other court appointed fiduciary by that fiduciary)	
Denise R. Lilley	
(Typed or printed name of person signing)	
President Director	
(Title of person signing)	