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COVER LETTER

TO:

Tallahassee, FL 32314

ΓΟ: Registration So Division of Co			
From The	Heart Designs, LLC		
SUBJECT: <u>, </u>	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspondence	ondence concerning this matter t	to the following:	
	Yataye D. Keaton		
		Name of Person	
	<u> </u>	Firm/Company	
	700 Greenlawn Drive #170	6	
		Address	
	Columbia, South Carolina	29209-2694	20 mt v 2 c
	RealRootzNaturals@gmail.c	City/State and Zip Code	
		to be used for future annual report notif	
For further information	concerning this matter, please co	ill:	3: 28 3: 28
Yataye D. Keaton		4()4 345-2686 at ()	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addro</u> Registration	 =	<u>Street Address:</u> Registration Se	etion
Division of	Corporations	Division of Cor	porations
P.O. Box 63 Tallahassee,		The Centre of 1 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

From The Heart Designs, 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 were filed on December 29, 2015 and assigne Florida document number $\frac{1.16000023881}{2}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Real Rootz Naturals, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Yatave D. Keaton Enter new principal offices address, if applicable: 12450 Biscavne Blvd #316 (Principal office address MUST BE A STREET ADDRESS) Jacksonville, Florida 32218-8630 Yataye D. Keaton Enter new mailing address, if applicable: Post Office Box 26620 (Mailing address MAY BE A POST OFFICE BOX) Jacksonville, Florida 32226-6620 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
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(If an effec	re date, if other the ctive date is listed, the fithe date inserted int's effective date of	date must be specifi in this block does t	ic and cannot be pric not meet the appli	or to date of filing or n cable statutory filin	opti ore than 90 days after g requirements, thi	onal) filing.) Pursuant to 605.5 s date will not be liste	.0207 ed as
ne record ord is file		l effective date, bu	t not an effective	time, at 12:01 a.m.	on the earlier of: (b) The 90th day after	the
Dated A	August 29		2020				
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Typed or printed name of signee