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PIĆK-UP	WAIT	MAIL
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Real Rootz		nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Yataye D. Keaton		
	Tataye D. Reaton	Name of Person	
	From The Heart Designs,		
		Firm/Company	
	Post Office Box 91100	Address	
	Columbia, South Carolina	29290	
		City/State and Zip Code	
	FTHDesignsLLC@gmail.co	om to be used for future annual report noti	fication
For further information e	oncerning this matter, please c	·	
Yataye D. Keaton		at (404) 345-2686	
Name o	f Person		e Telephone Number
Enclosed is a check for th	e 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)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec	
P.O. Box 632	-	Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Real Rootz Naturals, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.16000023881	were filed on May 26, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
From The Heart Designs, LLC The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same as before.	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	Same as before.	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	address on our records, enter the na	ime of the new registere
agent and/or the new registered office address here:		
Name of New Design and Amount		
Name of New Registered Agent:		52-
New Registered Office Address:	Enter Florida street address	13
	. Florida	
	City	Zip Code

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 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
			□Add
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			□ Change

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