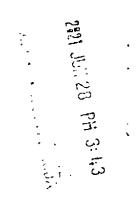


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Special Instructions to	Filing Officer:	
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06/28/21--01016--015 **25.00



COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Roots Almino	Ated Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.	·
Please return all corresp	ondence concerning this matter	to the following:	
	<u>u); lly</u>	LG Torre Name of Person	
		at (23 q) 225 - 5 5 9 7 Area Code Daytime Telephone Number Tiling Fee & S55.00 Filing Fee & S60.00 Filing Fee, Cate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy	
	4430	22 nd Ave NE	:
	Naple	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	dication)
For further information c	concerning this matter, please ea	ali:	
Willy Lo	Torre	at (239) 225 Area Code Daytin	- 5'5'97 ne Telephone Number
inclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration-Section-Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Roots Almigh	ty LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny/as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000058636</u> .	were filed on 3 14 20	17 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability".	ity Company," the designation "LLC" o	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)		282
		<u>.</u>
B. If amending the registered agent and/or registered office a	ddress on our records, enter th	ne name of the new registered
agent and/or the new registered office address here:		무 :
Name of New Registered Agent:		_ _
New Registered Office Address:) ·
	Enter Florida street address	
	Flor	
	Cuy	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Josie Orr	646 105th Avenue N Nurles, FL 34108	——Xi∨qq
			□Remove
			□ Change
AMBR	Garner Fingal	10084 Hidden Pines Lane Bonita Springs, FL 34135	` ⊠ ∨dd
			□Remove
			□Change
AMBR	Enrique Romero		□ Change 2021 JU.1 2
			□Remoγ e
		646 105 Avenue N Naples, FL 34108	Change Address Change Address
			□Remove
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ote: If the date in	other than the date of isted, the date must be speci iserted in this block does be date on the Departmen	s not meet the applicab	date of filing or more the statutory filing rec	(option nan 90 days after fi quirements, this	n al) (ling.) Purs date will i	uant to 605.020 tot be listed :
record specifies a is filed.	delayed effective date, b	nut not an effective tim	e. at 12:01 a.m. on th	ne earlier of: (b)	The 90t	h day after th
ated	ay 27	2021	_ ·			