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(Re	equestor's Name)	
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(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Southern Roots Design LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lisa Gilmore Name of Person
Band, Gates, + Dramis
2000 Ringling Blud.
Sarasota, FL 34237
City/State and Zip Code    Gilmore bandoutesdamis. Com   E-mail address: (to be used to future annual report notification)
For further information concerning this matter, please call:
Lisa Gilmore at (941) 3lolo - 8010  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$additional copy is enclosed}\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$}\$

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Roots	Design LLC	
(Name of the Limited Liabil) (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability O	Company were filed on <u>し                                  </u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company "the designation "LLC" o	r the abbreviation "L.L.C."
_	med bluomy company, the designation 2000 o	≥ 6
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDI	RESS)	
•		Y: = 1,7
Enter new mailing address, if applicable:		<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)		<u></u> 33
Mulling duaress MAT BE ATOST OFFICE BOAT		
•	· · · · <u> · · · · · · · · · · · · · ·</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	_
	, Flori	da
	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 Changing Registered Agent, Signature of New Registered Agent

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
MBR	Jimmy Rodriguez		
	·		☐ Remove
			<b>X</b> Change
			Add
			Remove
		Change	
·			Add
			□ Remove
			Change
			Add
			Remove
			Change
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			□ Remove
			Change
			Add
			☐ Remove
			☐ Change

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	.1-1
Effect	tive date, if other than the date of filing: 199 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
docun	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	e 90th day after the record is filed.
Dated	January 22 , 2019/.
Jaicu	
Jaccu	
Jaccu	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00