

L17000195525

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

[Signature]
10/26/17

COVER LETTER

**TO: Registration Section
Division of Corporations**

ROOTS 76 LLC
SUBJECT:

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:

Name of Person

CONTADURIA VIDAL

Firm/Company

2000 S DINIE HIGHWAY, STE 205

Address

MIAMI, FLORIDA 33133

City/State and Zip Code

INFO@CONTADURIAVIDAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLAS VIDAL

305 631-0331

at (_____)

Name of Person

Area Code

Daytime 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)

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**

ROOTS 76, 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 09/20/2017 and assigned
Florida document number L17000195525

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3301 NE 1ST AVENUE

UNIT 2008

MIAMI, FL 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2000 S DIXIE HIGHWAY, STE 205

MIAMI, FLORIDA 33133

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TALLAHASSEE

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: CONTADURIA VIDAL

New Registered Office Address: 2000 S DIXIE HIGHWAY, STE 205

Enter Florida street address

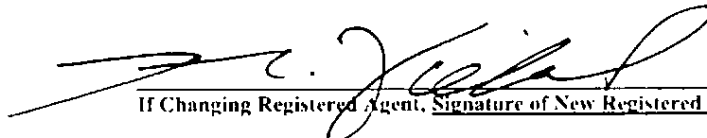
MIAMI, Florida 33133

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SERGIO BARTOLUCCI	3301 NE 1ST AVENUE #2008	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SRGood Holdings Capital, LLC	2000 S DIXIE HIGHWAY	<input checked="" type="checkbox"/> Add
		SUITE 205	<input type="checkbox"/> Remove
		MIAMI, FLORIDA 33133	<input type="checkbox"/> Change
AMBR	Orly Kadosh Real Estate INVESTMENT LLC	3301 NE 1ST AVENUE, #2008	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 23, 2017

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

NICOLAS VIDAL (ACCOUNTANT)

Typed or printed name of signee