Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Co Fax Number	; (850)617-6383		
From:		<del></del> -		
, , •, ,	Account Name	: FILINGS, INC.	<u> </u>	
	Account Number	: 072720000101	SEC STA	
	Phone	: (954)791-2100		ان دجنیا
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'*Enter	the email addres	s for this business entity to be used for	future	П
ann	nual report mail:	ings. Enter only one email address please	- 변위 - 로	1 .

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRASS ROOTS COMPLETE LLC

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NOV 1 " 2020 Help Registration Section

Tallahassee, FL 32303

## H20000393339

TO:

## COVER LETTER

Div	vision of Col	porations				
SUBJECT:	GRASS RO	OOTS COMPLETE, LLC				
		Name of Li	imited Liability Co	mpany	<del></del>	
The enclosed	d Articles of	Aftiendment and fee(s) are st	Ibmitted for filin	σ.		
		ndence concerning this matte				
		DANIEL GOLDSTEIN				
			Name of	Person		
		GRASS ROOTS COMPI	LETE, LLC			
			Firm/Cor	прапу		
		2775 BURRIS ROAD, SI	UITE 7-B			
			Addre	ss .		
		DAVIE, FL 33314				
		WI DICE CON CONTRACT	City/State and	Žip Code		
		FILINGS@GRCSERVICE				
For further in:	formation co	ncerning this matter, please of	(to be used for fun	ne annual report r	oufication)	
•		manara manara, picase c	an.			
DANIEL GO			954 st (			
	Name of	Person	at (at (	Code Day	ime Telephone Number	
Enclosed is a	check, for the	following amount:				
≘ \$25.00 Fi	ting Fce	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Fil Certificd (additional		□ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end	
Rogi Divi: P.O.	ing Address: stration Se sion of Co Box 6327 nhassee, FI	ection rporations	] ] •	Street Address: Registration S Division of C The Centre of 2415 N. Mont	orporations	

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRASS ROOTS COMPLETE L			
(Name of the Liz	nited Liability Come (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Florida document number L18000029221			and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liat	bility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli		2775 BURRIS ROAD	
(Principal office address MUST BE A STRE	ET ADDRESS)		
·	_	DAVIE, FL 33314	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a	address on our records, enter the nam	e of the new registered
Name of New Registered Agent	WILLIAM GOI	LOSTEIN	3 3
New Registered Office Address:	365 JACARAN	DA DRIVE	一 星
	PLANTATION	Enter Florida street address	COS S

# 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.

City

if Changing Registered Agent, Signature of New Registered Agent

# HI2000 Dendling 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
MGR	DANIEL GOLDSTEIN	2775 BURRIS ROAD	
		SUITE 7-B	
	CHANGE IS TO ADD SUITE TO ADD SUITE NUMBER ONLY	DAVIE, FL 33314	=Change
			□Add
			⊟Rcmove
			Rcmove
			🗆 Change
			ПRетюче
			LJAdd
			□Rcmove
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ecord specifies a delayed is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	2020
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00