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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer: J. HORNE	
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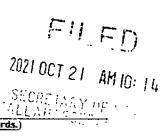
COVER LETTER

TO:

Registration Section

SUBJECT: Floridarooted LLC Name of Limited Liability Company	Division of Co	rporations		
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: Jeremy McMillan Name of Person Floridarooted LLC Firm/Company 6413 Funston Street Address Hollywood City/State and Zip Code FL 33023 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jeremy McMillan Name of Person Name of Person Templease (all: S25.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tellahassee, FL 32314 Tellahassee, FL 32314 Tellahassee, FL 32314	Floridareot	ted LLC		
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Jeremy McMillan Name of Person				
Floridarooted LLC Firm/Company 6413 Funston Street Address Hollywood City/State and Zip Code FL 33023 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jetermy McMillan Table 1	Please return all correspo	ondence concerning this matter to the	he following:	
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Address Hollywood City/State and Zip Code FL 33023 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jetemy McMillan Name of Person Name of Person Telephone Number Enclosed is a check for the following amount: Street Address: Certificate of Status Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Address: Registration Server, Suite 810		- Interest of Each	Firm/Company	
Address Hollywood		6410 T	ги ш Сопрану	
City/State and Zip Code		6413 Funsion Street		
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 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 E-mail address: (to be used for future annual report notification) \$25.00 Filing Fee \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) \$260.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee, Certified Copy (additional copy is enclosed) \$360.00 Filing Fee,			Address	
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Second Section Street Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Total Area Code Daytime Telephone Number Total Area Code Daytime Telephone Number Daytime Telephone Number Section Daytime Telephone Number Section Daytime Telephone Number Section Section Section Section Certificate of Status & Certific	For further information a		used for (diture annual report notification)	•
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Enclosed is a check for the following amount: \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c	Jetemy McMillan			
□ \$25.00 Filing Fee Certificate of Status Street Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Street Address: Registration Section Section Section Certificate of Status & Certificate o	Name of	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Address defence concerning this matter to the following: Jeremy McMillan Name of Person Floridarooted LLC Firm/Company 6413 Funston Street Address Hollywood City/State and Zip Code FL 33023 E-mail address: (to be used for future annual report notification) necerning this matter, please call: 2786 Person Area Code Daytime Telephone Number Following amount: Street Address: Certificate of Status Certificate of Status Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
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P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			Registration Section	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Floridarooted 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 Con		
	npany were filed on	and assigned
Florida document number L18000133210	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
FLR SERVICES LLC		
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	<u>(SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
agent and/or the new registered office address here:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	
		rida
New Registered Office Address:	City , Flo	rida
	City , Flo	ridaZip Code
New Registered Office Address:	City Agent: Indicate to act in this capacity. I furning the performance of my duties, and not as provided for in Chapter 605, F	ther agree to comply with th I I am familiar with and .S. Or, if this document is

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ecord specifies a dela is filed.	yed effective date, but n	ot an effective time,	at 12:01 a.m. on the e	arlier of: (b) The 90th of	day after ti
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	Signature de	m S MV	d representative of a ma	nher	

Filing Fee: \$25.00