L19000192395

(Requ	uestor's Name)	
(Addr	ress)	<u>.</u>
(Addr	ess)	
(City/	State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	



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Office Use Only

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TO: Registration Section Division of Corporations		
SUBJECT: Rootz Sal Cate 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:		
Johnny Frontal Jr. Name of Person		
Poot z Soul (afe, LLL Firm/Company		
1651 5 State Road 7 House Land De Address	2509	
North Landerday FL 33068 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:	297	
Tohany Fronts Jr. at (954) 494 - 2168 Name of Person Area Code Daytime Telephone Number	2021 APR 19	-77
Enclosed is a check for the following amount:		N ₁₀₀
(additional copy is enclosed) Certified	e 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 ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our records.)		
(Name of the Limited Liability Compa (A Florida Limited I	iability Company)		
The Articles of Organization for this Limited Liability Company	were filed on <u>07/29/2019</u>	and assigned	
Florida document number <u>L 19000192395</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	in Community the designation will Community the	showing will C."	
	,		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) North Lander		T/ 770 (5)	
(Principal office address MUST BE A STREET ADDRESS)	North Garder delly	LC 2000X	
Enter new mailing address, if applicable:	1651 S State Road 7 North Landerdele FL 33068		
(Mailing address MAY BE A POST OFFICE BOX)	North Landerdale, TL	33Cel	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nam	ne of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	7 2.0	
	, Florida		
	City	Zip Code C:	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am jorovided for in Chapter 605, F.S. Or,	familiar with and if this document is	

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager : AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Stephon J Brown	2801 NW 13th Court Fort Landerdole, FL 33311	□Add
		Fort Landordole, FL 33311	PRemove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
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			□Add
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Change

-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
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(II an effe <u>Note:</u> I	ve date, if other than the date of filing:	(0707 (7)(1)
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.	r the
Dated _	Signature of a member of authorized representative of a member	
	Thony Fronts Jr. Typed or printed name of signce	