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(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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### **COVER LETTER**

	gistration Sect vision of Corpo			
	EXOTICZ LL	С ,		
SUBJECT:		Name of Limit	ted Liability Company	
The enclose	d Articles of Ar	nendment and fee(s) are subn	nitted for filing.	
Picase retur	n all correspond	dence concerning this matter t	to the following:	
		Melanie Arteaga		
			Name of Person	
		EXOTICZ LLC		
			Firm/Company	
		1424 Harbour Blue St		
			Address	
		Ruskin, FL 33570		
			City/State and Zip Code	
		Melanie.arteaga.pr@gmai		
For further	information cor	E-mail address: (t neerning this matter, please ea	to be used for future annual report notification)	
Melanie Aı			321 438-8559	
	Name of I	Person	Area Code Daytime Teleph	none 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**EXOTICZ LLC** 

2020 0. 18 17 2:01

(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 Co.	mpany were filed on August 28, 2	2019 and assigned
Florida document number L19000213336	-· ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
VEGAN ROOTZ LLC		
The new name must be distinguishable and contain the words "Limite	ed 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	ESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		_, Florida
···	City	_, Florida 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
AMBR	Omar Arteaga	2197 Cerberus Dr, Apopka FL	<b>■</b> Add
			□Remove
			Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
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			□Change
			□Remove
			□Change

# Page 2 of 3

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Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
	·
Dated	
Dated	Signature of a member of authorized representative of a member