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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Root House Botanica 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:
Tesus Delvalle Name of Person The root House Botanica LLC Firm/Company
398 N Highway 17-92
Long Wood Florida 32750 City/State and Zip Code The roothouse botanica @ amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tesus Delvalle at (407) 272-8049 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$60.00 Filing Fee, Certificate of Status & Certificate Oppy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



RECEIVED

2022 MAR -8 AM 8: 06

SECRETAIRY OF STATE TALLAHASSEE, FL

Division of Corporations

February 10, 2022

JESUS DELVALLE 398 N. HIGHWAY 17-92 LONGWOOD, FL 32750

SUBJECT: THE ROOT HOUSE BOTANICA, LLC

Ref. Number: L19000248651

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

The current name of the entity is as referenced above. Please correct your document accordingly.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 122A00003303

Irene Albritton Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability	Botanica Company as it now appears on our recordited Liability Company)	<u>ds.)</u>			
	. 1	1			
The Articles of Organization for this Limited Liability Com Florida document number <u>LN9000248</u>	•	3 2022 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited The Root House Gi The new name must be distinguishable and contain the words "Limited"	ft Shop LL	C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		····			
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<u>υ 2</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter	the name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street addre				
	, Florida				
	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>	Type of Action
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Dated	02/28/	2022	·			
	•	Signature of a member	or authorized represe	mative of a member	<u> </u>	_
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Filing Fee: \$25.00