| L2000 | 0014330 |
|---|-------------------------------------|
| (Requestor's Name) (Address) | 600354725256 |
| (Address) (City/State/Zip/Phone #) | 11/05/2001002003 ++25.00 |
| PICK-UP WAIT MAIL (Business Entity Name) | |
| (Document Number) Certified Copies Certificates of Status | RECEL DIVISION OF C TALLAHASS |
| Special Instructions to Filing Officer. | CORPORATIONS SSEE, FLORIDA |
| Office Use Only | Y SULKER NOV 0 5 2020 |

| | INC. | | INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666 | | |
|----|---------------|---------------------|--|---------|--|
| | | | WALK IN | | |
| | | PICK UP: | 11/04/2020 | | |
| | CERTIF | IED COPY | | | |
| XX | рнотос | СОРУ | · | | |
| | CUS | | | | |
| xx | FILING | | MENDMENT | | |
| | | AME AND DOCUMENT #) | | | |
| | (CORPORATE NA | AME AND DOCUMENT #) | | <u></u> | |
| | (CORPORATE N/ | ME AND DOCUMENT #) | | | |
| | (CORPORATE NA | AME AND DOCUMENT #) | | | |
| | (CORPORATE NA | ME AND DOCUMENT #) | | | |
| - | (CORPORATE NA | AME AND DOCUMENT #) | | | |

COVER LETTER

| FO: | Registration Section Division of Corporations | |
|--------|--|--|
| SUBJ | er: <u>2.00ted</u> | Reaser Toyest Ments LLC Name of Limited Liability Company |
| | | and fee(s) are submitted for filing. |
| Please | return all correspondence con | cerning this matter to the following: |
| | | Hecza Pagun Name of Person |
| | | Routed Braity Invotments LLC |

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□ S25.00 Filing Fee

.

Certificate of Status

 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed. ٠.

.

. <u>.</u>

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Taflahassee, FL 32301

| ARTICLES OF | F AMENDMENT TO ORGANIZATION OF | |
|---|---|-------------------------------------|
| Rooted Realty I | nvestments LLC | |
| The Articles of Organization for this Limited Liability Compar- Florida document number $L_2 cooci1433c$. This amendment is submitted to amend the following: | Ty were filed on <u>ΑβΓ.1 29, 2020</u> | and assigned |
| A. If amending name, enter the new name of the limited lin | tility company here: | |
| The new name must be distinguishable and contain the words "Limited Liz Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | bility Company," the designation "LLC" or the abbre | viation "L.L.C." |
| Enter new mailing address, if applicable: Mailing address MAX BE A POST OFFICE BOX) | 6804 Charry grove Orlando, FL 32809 | <u>Citte</u> |
| B. If amending the registered agent and/or registered (registered agent and/or the new registered office address he | sflice address az our records, <u>enter th</u> e re: | ature of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address | Enter Florida street address | |
| New Registered Agent's Signature, if chapping Registered Agent | | |
| ! hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete | ree to act in this capacity. I further agree performance of my duties, and I am fami | to comply with the liar 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

.

. . .

.

. .

.

.

Page 1 of 3

.

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> | Name | Address | Type of Action |
|--------------|-------------|-------------------------|----------------|
| MBR | Hecza Payan | 6204 Charly grove Cille | |
| | | Oskadu, FL 32209 | Remove |
| | | | Br Change |
| | | | O Add |
| | | | 🗆 Remove |
| | | | Change |
| | × | | O Add |
| | | | C Remove |
| | | | C (hange |
| <u> </u> | | | 🖸 Add |
| | | | _ D Reinove |
| | | | 🖸 Clauge |
| | | | 🖸 Add |
| | | | Remove |
| | | | O Change |
| | | | 🛛 Add |
| | | | _ Remove |
| | | | _🖸 Change |

| D. If amending any other information, enter change(s) here: | (Attach additional sheets, | if necessary.) |
|---|----------------------------|----------------|
|---|----------------------------|----------------|

.

.

| | · · · |
|-------|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | ······································ |
| ····· | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

(cprotein) (cprotein) (construction of the second of the prior in date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(5) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

-.

.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| Dated NOVEmbel | 4 . 2020 | : |
|----------------|--|---|
| | Superior of a member of the service service of a member | |
| | Sugarine of a member of further bod expresentative of a member | |
| | Heczu Payon Typed or pristed astrong of signee | |
| | typed or printed hards of signee | |

- Page 3 of 3
- Filing Fee: \$25.00