# LZO 000212695

(Re	equestor's Name)	
(Ad	ldress)	
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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Award

## **COVER LETTER**

TO: Registration So Division of Co			
	OOTS GARDEN LLC		• •
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Jason R. Stricker		
		Name of Person	
	D&J Solutions LLC		
		Firm/Company	
	6336 Buford Street, Apt 60	02	
		Address	
	Orlando, Fl 32835		
		City/State and Zip Code	<u></u>
	Jason,Stricker@tainorootsg		
		to be used for future annual re	port notification)
For further information	concerning this matter, please co	all:	
Jason Stricker		407 984-1 at ( )	7302
Name (	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo-	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Add	
Registration Division of O		-	ion Section of Corporations
P.O. Box 63:			re of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### TAINO ROOTS GARDEN LLC

(Name of the Lim	ted Liability Com (A Florida Limite	npany as it now appears on our red Liability Company)	ecords.)
The Articles of Organization for this Limited I	_iability Compa	$\neg 12.$	2020 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited li	ability company here:	
The new name must be distinguishable and contain the	words "Limited Lic	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE.	<u>ET ADDRESS)</u>	<del></del>	~ ·
			<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6336 Buford Street	
		Apt 602	<u></u>
		Orlando, Fl 32835	<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office address  Name of New Registered Agent:		ee address on our records, <u>c</u>	<del>"</del>
<del>-</del>	6336 Buford	Street, Apt 602	
New Registered Office Address:	Vision Butture	Enter Florida street o	uddress
	Orlando		, Florida <sup>32835</sup>
		Cuy	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 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
MGR	LaSanta-Bondy, Adriana	6336 Buford Street	□Add
		Apt 602	
		Orlando, Fl 32835	■ Change
			□Remove
			Change
			□Add
			□Remove
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If an ef	tive date, if other than the ffective date is listed, the date mu. If the date inserted in this benent's effective date on the I	ist be specific and car lock does not mee	anot be prior to date t the applicable st	of filing or more than atutory filing requir	<b>(optional)</b> 90 days after filing.) P ements, this date w	ursuant to 605.0207 (2 ill not be listed as th
docun	ord specifies a delayed effecti iled.	ve date, but not an	effective time, at	12:01 a.m. on the c	arlier of: (b) The <sup>(</sup>	90th day after the
docun ne reco ord is fi	iled.		effective time, at 2020	12:01 a.m. on the e	arlier of: (b) The (	90th day after the
docun ne reco ord is fi	iled.			12:01 a.m. on the c	arlier of: (b) The (	90th day after the
docun ne reco ord is fi	iled.		2020			90th day after the
docun	iled.		2020	12:01 a.m. on the c		90th day after the