420000274646

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COVER LETTER

Division of Co			
Rooted Lio	ness LLC		:
SUBJECT:		. 14 / 170 - 20	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Korie Williams		
		Name of Person	
	Rooted Lioness LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	1512 Kingfisher Lane N		
		Address	
	Jacksonville, Florida 32213	3	
	kmarshele96@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
Korie Williams		904 434-4869	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	S30.00 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)

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rooted Lioness LLC					
(Name of the Limited	Liability Compa Florida Limited l	iny as it now appears on our re Liability Company)	ecords.)	<u> </u>	
The Articles of Organization for this Limited Liab Florida document number 1.20000274646	oility Company	were filed on September 2.	2020	_ and as	signed
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of t	he limited liab	ility company here:			
Ruli Photography LLC					
he new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation	"LLC" or the abbre	viation "L	.L.C."
Enter new principal offices address, if applicable:				7	
(Principal office address MUST BE A STREET ADDRESS)		#3-327	25 20 20 20	7022	
		Jacksonville, Fl 32246	-69	DEC	
Enter new mailing address, if applicable:		12620 Beach Blvd	SSVE)	-8 PH	m
(Mailing address MAY BE A POST OFFICE BOX)		#3-327	E. I	5.	U
		Jacksonville, Fl 32246	72	35	
B. If amending the registered agent and/or reg gent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	•		nter the name o	of the ne	w regis
New Registered Office Address:		Enter Florida street a	ddress		
	Jacksonville Floric		, Florida 32246	ı	
	- "	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
		· 	□Add
			□Remove
			□Change
			□ Add
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ective date, if other than the dinterpretation effective date is listed, the date must be tea. If the date inserted in this blocument's effective date on the Dep	e specific and cannot be prior to dat k does not meet the applicable s	e of filing or more than 90 day	
cord specifies a delayed effective of stiled.	date, but not an effective time, a	t 12:01 a.m. on the earlier	of: (b) The 90th day after the
December 6	2022		
Zone M- W	gnature of a member or authorized	_	
	anature of a mambar or authorized	representative of a manha-	

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