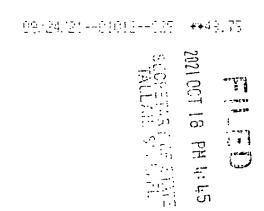
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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October 2, 2021

VANESSA MIOT 422 NE 210 CIRCLE TER #203 MIAMI, FL 33179

SUBJECT: GOOD NATURED ROOTS LLC

Ref. Number: L20000313821

We have received your document for GOOD NATURED ROOTS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 021A00023905

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

1 Natured	Roots LLC		
Name of Lin	nited Liability Company		
mendment and fee(s) are sub	omitted for filing.		
dence concerning this matter	to the following:		
Vanessa	Hiot		
	Name of Person		
_			
	Firm/Company		
422 NE	ZIO CITCLE TET Apt	# 203	
,	Address 33179		
he 110 @ Goo	schwatured Roots.com	2021 OC SEDRE TALL	
ncerning this matter, please c	all:	等别 三	* .FE
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Person	Area Code Daytime Telephone	Number 700	
following amount:			
\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
ection	Street Address: Registration Section Division of Corporations		
	Name of Lin mendment and fee(s) are subdence concerning this matter Vancous Line Vancous Line Line Grant Line Grant Line Line Line Line Line Line Line Line	Name of Limited Liability Company mendment and fee(s) are submitted for filing. dence concerning this matter to the following: VANSSA MID Name of Person Firm/Company 422 NE ZIO CITCLO TET AD Address MIONI, FI 33179 City/State and Zip Code The HOR Grand Matter Looks (Company) E-mail address: (to be used for future annual report notification) necerning this matter, please call: Person at (Mame of Limited Liability Company mendment and fee(s) are submitted for filing. dence concerning this matter to the following: Varyssa Hild Name of Person Firm/Company 422 NE ZIO CITCL TET Apt # 203 Address Mi Oni Fi 33179 City/State and Zip Code The Hole Grad Matter Local Code E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) following amount: PS30.00 Filing Fee & Certificate of Status Certificate of Status Street Address: Registration Section

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Good Natural Ro	ots LCC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company villorida document number <u>L2(xxxx3)387</u> .	were filed on 10/05/2070 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."	—
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	_ _
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new regist	<u>tere</u>
Name of New Registered Agent:	NIA RESERVE	_
New Registered Office Address:	Enter Florida street address	_
	City Florida	_
New Registered Agent's Signature, if changing Registered Agent:	cii) Cii Oi	

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>	Name	Address	Type of Action
t <u>mbr</u>	Alicia Garcia	744 NW 39 Ave	□Add
		Deerfield Beach, F1 334	47 Kemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Removers
			Change
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an effective date is	other than the dat listed, the date must be	specific and canno	t be prior to date of	tiling or more than		ng.) Pursuant to 6	
	nserted in this block we date on the Depar			itory filing requi	rements, this da	ite will not be li	sted a
record specifies a is filed.	i delayed effective da	te, but not an eff	ective time, at 12	::01 a.m. on the o	earlier of: (b)	The 90th day af	ter the
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