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SECRETARY OF STAI

## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

· Division of Corporations				
CHARGE	Roots Cella	urs LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Matthew Wiley		
		-	Name of Person	
		Wiley Law, LLC		
			Firm/Company	
		82 Old Dike Rd.		
			Address	
		Trumbull, CT 06611		
			City/State and Zip Code	
		matt@wileyfirm.com		
		E-mail address: (	to be used for future annual report no	tification)
For further in	nformation co	oncerning this matter, please co	all:	
Matthew Wi	ley		203 430-8662 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>■ \$</b> 25.00 F	iling Fee	☐ \$30.00 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)
	iling Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 13 AM ID: 21

	Roots Cellars LLC	TOTALINI IO MILIO EL
(Name of the Limited (A	Liability Company as it now appears on our re Florida Limited Liability Company)	cords ECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liab	ility Company were filed on 11/30/2020	and assigned
Florida document number 1.20000372887		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The Cellar Plant The new name must be distinguishable and contain the word	City LLC	
The new name must be distinguishable and contain the word	s "Limited-Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BO	2.X)	
		<u></u>
B. If amending the registered agent and/or regi	·	iter the name of the new regi
agent and/or the new registered office address b	<u>nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		. 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 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
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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			□ Change

Effective date, if other than the date of filing:				
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