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COVER LETTER

	tegistration Sec Pivision of Corp		•	•		
SUBJECT		and Company, LLC				
SOBJECT		Name of Lim	ited Liability Company			
The enclos	sed Articles of A	Amendment and fec(s) are sub	mitted for filing.			
Please reti	ırn all correspon	dence concerning this matter	to the following:			
		Kaitlyn Gosse				
			Name of Person			
			Firm/Company			
		8428 Warner Place			22 A	JAMISTON OF CORPONALION
			Address		30°	0); 2);
		Panama City Beach, FL 32	1408		22 AUG 11 AM 10: 22	of co
			City/State and Zip Code		<u> </u>	- 441 - 52,
		info@riveringroots.com			Ö	<u> </u>
		E-mail address: (to be used for future annual report notifi	ication)	22	<u>구</u>
For further	r information co	ncerning this matter, please co	all:			
Kaitlyn G			561 523-2715			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed i	s a check for the	e following amount:				
■ \$25.00	O 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 enclo		
.	failing Address		Street Address			

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

Studio Coast and Company, LLC

(Name of the Limited Liability Comps (A Florida Limited)	any as it now appears on o Liability Company)	ur records.)	<u> </u>	
The Articles of Organization for this Limited Liability Company Florida document number L21000038486	were filed on 01/19/20)21	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Rivering Roots, LLC		•		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	tion "LLC" or the abbr	eviation "L.I	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			22	<u>≲</u> ,
			อบโ	
			_	
Enter new mailing address, if applicable:			A	
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>	
and the second s			23	- 12 -
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our record	ls, enter the name	of the new	registered
New Registered Office Address:	Enter Florida str	reet address		
		, Florida		
1	Cin	, 7 1011444	Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capac performance of my d provided for in Chapt	uties, and I am far er 605, F.S. Or, if	niliar with this docur	n and ment is

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name !	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Remover 18 July 19
			CUNNOUNALLUM COUNTY COU
			□ Change
			□Remove
			□Change
	1		□Add
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ffective date, if other than the	date of filing:	(optional)
an effective date is listed, the date mu	t be specific and cannot be prior to date of filing or rock does not meet the applicable statutory filit	more than 90 days after filing.) Pursuant to 605.02
locument's effective date on the D		
e record specifies a delayed The 90th day after the rec	I effective date, but not an effective ord is filed.	time, at 12:01 a.m. on the earlier
	2022	
July 12 Dated	·	
Dated July 12	Signature of a member or authorized representative	

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