

K21000072528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FILED
2021 JUN 18 AM 3:02
FALLS CHURCH, VA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Big Root Investments, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John L. Smith

Name of Person

Bluepoint Financial, LLC

Firm/Company

151 Regions Way Ste 3D

Address

Destin, FL 32541

City/State and Zip Code

bigrootsinvestmentsllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John L. Smith

334

332.4054

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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)

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**

Big Root Investments, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/11/2021 and assigned
Florida document number L21000072528.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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, 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Timothy Cottrell	3008 Stillwod Way	<input checked="" type="checkbox"/> Add
		Opelika, AL 36804	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	William B Taylor	5713 Sea Trout Place	<input type="checkbox"/> Add
		Apollo Beach, FL 33572	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brian P Beckham	3438 Hallcrest Drive NE	<input type="checkbox"/> Add
		Brookhaven, GA 30319	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Benjamin D Raulerson	2811 NW 4th Lane	<input type="checkbox"/> Add
		Gainesville, FL 32607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christopher M Lloyd	125 Hedge Lawn Trail	<input type="checkbox"/> Add
		Alpharetta, GA 30004	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 JUN 18 AM 11:02
CITY OF GAINESVILLE
CLERK OF SUPERIOR COURT

2001 JUL 18 AM 3:02
TULSA, OKLA

2011 JUL 18 AM 3:02

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 15, 2021

Signature of a member or authorized representative of a member

John L. Smith

Typed or printed name of signee

Filing Fee: \$25.00