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A. BUTLER FEB 1 1 2022

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
HAPPY RO	OOTS FARM 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	ondence concerning this matter	to the following:		
	BRITTANY DAVIS			
	Name of Person			
	HAPPY ROOTS FARM L	LC		
	Firm/Company			
4811 LAKE GRIFFIN ROAD				
Address				
	LADY LAKE, FL 32159			
		City/State and Zip Code		
	BRITTANY.HAPPYROOT	-		
		to be used for future annual report not	itication)	
For further information of	oncerning this matter, please co	all:		
BRITTANY DAVIS		352 250-5198 at ()		
Name o	of Person		ne Telephone Number	
Enclosed is a check for t	he 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 of Control Division of Control Division of Control Division Control Division of Control Division	Section Corporations 27	Street Address: Registration Set Division of Control The Centre of 2415 N. Monro Tallahassee, Fl	rporations Fallahassee oe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAPPY ROOTS FARM LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/22/2021	and assigned
lorida document number L21000088272	<u>-</u> ·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ted liability company here:	
FARM TO BAR SOAP COMPANY LLC		
he new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	office address on our records, enter t	he name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
Nav Pavietand Office Address		
New Registered Office Address:	Enter Florida street address	
	Etos	-ida
	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, 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
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ffective	date, if other than the	date of filing:			(optional)	
an effecti	ce date is listed, the date mus	t be specific and cannot	be prior to date of filir	ng or more than 90 day	vs after filing.) Pursua	nt to 605.0207
i <u>ote:</u> If t ocument	he date inserted in this blo 's effective date on the Do	ock does not meet the epartment of State's i	e applicable statutor records.	ry ming requiremen	is, this hate will not	t be listed as
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Filing Fee: \$25.00