L21000121787

(Re	questor's Name)	
(Add	dress)	
(ÄdA)	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations				
ero recer.		OOTS MARINE LLC				
SUBJECT:	F:Name of Limited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filling.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Mark Rutherford				
			Name of Person			
		Tribal Roots Marine LLC				
			Firm/Company		*****	
		1003 w drew st.				
			Address			
		Lamana, FL 33462				
			City/State and Zip Code			
		tribalrootsmarine@gmail.co				
			to be used for future annual re	eport notification)	
For further in	formation c	oncerning this matter, please of	all:			
Mark Rutherl	ford			-8193		
Name of Person		at () Area Code	Daytime Telepi	none Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		3 \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)	
<u>Mail</u>	ing Address	<u>s</u>	Street Ad			
Regi	istration S	Section		tion Section		
	sion of Co Box 632	orporations 7		of Corporati tre of Tallah:		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



August 27, 2022

MARK RUTHERFORD 1003 SW DREW STREET LANTANA, FL 33435

SUBJECT: TRIBAL ROOTS MARINE LLC

Ref. Number: L21000121787

We have received your document for TRIBAL ROOTS MARINE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The form you submitted is for a Corporation, but your entity is a Limited Liability company. Please complete and return the enclosed blank form(s).

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 322A00019129

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 SEP 22 PH 12: 38

TRIBAL ROOTS MARINE LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000121787}{L21000121787}$.	wwere filed on 03/15/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	719 Whitney ave
Principal office address MUST BE A STREET ADDRESS)	Lantana, Fl
	33462
Enter new mailing address, if applicable:	1415 w pine st
(Mailing address MAY BE A POST OFFICE BOX)	lantana, fi
	33462
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new register the name of the new register. Enter Florida street address
	, Florida

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
AMBR	Brandon Mahler	566 Manatee Bay Dr	■ Add
		Boynton Beach, II	□Remove
		33435	□Change
			□Remove
			☐ Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗀 Add
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			□Remove
			□ Change

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n effec <u>ste:</u> H	late, if other than the date of filing: (optional) e 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 605.01 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed seffective date on the Department of State's records.
is filee	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	1/6/22
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ted	
ted	Signature of a member or authorized representative of a member