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COVER LETTER

Division of Cor	porations				
SUBJECT: Twee	Name of Lim	Carron C.C.			
	Name of Lim	ited Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	\ \	Name of Person			
	the same	Name of Person	·		
	Town from	\	` _ '		
		Firm/Company		 _	
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		Address			
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	<u> </u>	Cin/State and Zin Code			
	E-mail address: (to	o be used for future annual re	port notification)		
Para Caraban in Caranasian			,		
rot turner information co	ncerning this matter, please ca	II:			
Name of Person		at (S. S.) S.			
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)		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

TO:

Registration Section

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

torure ROOTS	ENTERPRISE	Lhc	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appear rida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document number 121000156160	y Company were filed on <u>(</u>)4/05/202	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company he	<u>:re</u> :	
FUTURE ROOTS ENTERTAIN	MENT LLC		
The new name must be distinguishable and contain the words "l	Limited Liability Company," the d	esignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			MAN
(Principal office address MUST BE A STREET AD	DRESS)		27
			<u> </u>
			 -
Enter new mailing address, if applicable:			000
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ecords, <u>enter the nan</u>	<u>ne of the new registered</u>
agent and of the new registered office address ner	<u>r</u> .		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
		, 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 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
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			□Remove
			Change
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effective date is listed, the	date must be spe	cific and cannot be prior to es not meet the applical	date of filing or more that	n 90 days after filing.) Pu	
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