LZ1000169335

(Requestor's Name)	
(Address)	9003716
(Address)	3000710
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	08/20/210102
(Document Number)	
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Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations		
	RootsHom	e Properties LLC		
SUBJECT:	· · · · · ·	Name of Lim	ited Liability Company	
The enclosed	l Anicles of	Amendment and fec(s) are sub	mitted for filing	
			-	
Picase return	i an correspo	indence concerning this matter	to the following:	
		Chance Reynolds		
			Name of Person	
		LLC Freedom		
			Firm/Company	·
		3095 Burleson Retta Rd	#4	
			Address	
		Burleson, TX 76028		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		chance@llcfreedom.com		
			to be used for future annual report no	ttheation)
For further in	nformation c	oncerning this matter, please ca	all:	
Chance Re	ynolds		817 925-2744 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ic following amount:		
□ \$25.00 F	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)
	iling Addres		Street Address:	
	gistration S vision of C	section orporations	Registration S Division of Co	
). Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our accords) (A Florida Limited Liability Company) | TALLAHASSEE, FILE-

FILED

RootsHome Properties LLC

2021 AUG 20 PM 8: 50

The Articles of Organization for this Limited Liability Company were filed on April 12, 2021 _____ and assigned Florida document number L21000169335 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 "LLC." 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

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>	<u>Address</u>	Type of Action
AMBR	Katleen Regis	7901 4th St N STE 300	□Add
		St. Petersburg, FL 33702	%dRemove
			Change
AMBR	Katleen Bacchus	7901 4th St N STE 300	₹JAdd
		St. Petersburg, FL 33702	□Remove
			□Change
			□ Add
			□Remove
		 	□Change
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date of filing:	a dia distribui de mora dino t	(optional)	15 0207 (2Vb)
lock does not meet the applic	able statutory filing require	ements, this date will not be lis	sted as the
ve date, but not an effective t	ime, at 12:01 a.m. on the ca	arlier of: (b) The 90th day aft	ser the
	e date of filing: st be specific and cannot be prior lock does not meet the applic	lock does not meet the applicable statutory filing require epartment of State's records.	e date of filing:

DIL D CAEA