L21000190172

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	<u>-</u>
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	AUG - 2 2022	

Office Use Only



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RECEIVED



FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

08/01/22

NAME:

WELL ROOTED BEAUTY LLC

TYPE OF FILING: AMENDMENT

COST:

60.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Division of C					
WELL F	ROOTED BEAUTY LLC				
SUBJECT: .		nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Picase return all corres	spondence concerning this matter	to the following:			
	DAVID C. CHUNG				
		Name of Person	 		
	THE ROOTIST LLC				
		Firm/Company			
	12218 TILLINGHAST CI	R			
		Address			
	PALM BEACH GARDEN	NS, FL 33418			
	 	City/State and Zip Code			
	david@chung90.com				
		to be used for future annual report notifi	cation)		
For further information	concerning this matter, please c	all:			
David C. Chung		201 280-4567 at ()_			
Name	e of Person		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 Add Registration		Street Address: Registration Sec	tion		
	Corporations	Division of Corporations			

P.O. Box 6327

TO:

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



WELL ROOTED BEAUTY 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 $\frac{4/23/2021}{}$	and assigned
Florida document number L21000190772		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
THE ROOTIST LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	on "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 a agent and/or the new registered office address here:	ddress on our records	, enter the name of the new registered
agent and/or the new registered office address here:		
Name of Ninu Desistant Agents		
Name of New Registered Agent:		
New Registered Office Address:	F . F! .! .	
	Enter Florida stree	d address
		Florida Zip Code
Non-Books and A. and St. v. v. v. Ch. N. B. Co. V.	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 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
			□Remove
			□Change
			□Add
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iote: If the d	e, if other than the da ate is listed, the date must be late inserted in this block fective date on the Depa	does not mee	et the applical	o date of filing o ble statutory fi	r more than 90 da ling requiremen	ys after filing.) nts, this date	Pursuant to 605.0 will not be listed
record specif Lis filed.	lies a delayed effective da	te, but not ar	i effective tin	ne, at 12:01 a.r	n, on the earlie	rof: (b) The	e 90th day after t
ated	AUGUST 1	·	2022				
			ſ,				
	Sig	nature of a me	mber or author	ized representat	ive of a member		

COVER LETTER

	Registratio Division of	n Section Corporations
CHIB IEC		ROOTED BEAUTY LLC
SUBJEC	· · · ·	Name of Limited Liability Company
The encle	osed Article	s of Amendment and fee(s) are submitted for filing.
Please ret	turn all corr	respondence concerning this matter to the following:
		DAVID C. CHUNG
		Name of Person
		THE ROOTIST LLC
		Firm/Company
		12218 TILLINGHAST CIR
		Address
		PALM BEACH GARDENS, FL 33418
		City/State and Zip Code
		david@chung90.com
		E-mail address: (to be used for future annual report notification)
For furthe	er informati	on concerning this matter, please call:
David C.	Chung	201 280-4567 at ()
	Na	me of Person Area Code Daytime Telephone Number
Enclosed	is a check t	For the following amount:
□ \$25.0	00 Filing Fe	e S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee