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COVER LETTER

Registration Section Division of Corporations

TO:

Purple Rooi	ts 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	ndence concerning this matter	to the following:	
	Francis Cruz		
	#8+8++P	Name of Person	
	Purple Roots		
		Firm/Company	
	4549 Southside Boulevard		
		Address	
	Jacksonville Florida 32216	,	
		City/State and Zip Code	
	franciscruz.purpleroots@gn		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	alt:	
Francis Cruz		904 859-8340 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	•
Tallahassee, 1	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Purple Roots LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on September 8, 2021	and assigned
Florida document number L21000398460		
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 l	Liability Company," the designation "LLC" or the a	bbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our records, enter the nar	ne of the new register
agent and/or the new registered office address here:	······································	
		9.5
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		N
	Enter Florida street address	P A
	Florida _	14 F
	City	Zip (Solle
New Registered Agent's Signature, if changing Registered Ag	gent:	त्त

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
MGR	Francis Cruz	4549 Southside Boulevard Suite 202	≡ ∧dd
		Jacksonville Florida 32216	□Remove
			□Change
MGR Jimmy	Jimmy Tung	4549 Southside Boulevard Suite 202	■Add
		Jacksonville Florida 32216	□Remove
			□Change
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
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			□Remove
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Signage of a member or authorized representative of a member Francis Cruz. (optional) (optional) (optional) (optional) (uptional) (
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