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PICK-UP WAIT MAIL
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T. MATTHEWS MAR 23 2022

COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

Rooted Act	ivewear LLC.		
, obsect.	Name of Lim	ited Liability Company	
Γhe enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Chakari Monsanto		
		Name of Person	
	Rooted Activewear LLC.		
		Firm/Company	
	684 Gazetta Way		
		Address	
	West Palm Beach, FL 334	13	
		City/State and Zip Code	aytime Telephone Number \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) ss: a Section
	chakarim95@gmail.com		
		to be used for future annual report notif	ication)
further information c	oncerning this matter, please co	ill:	
Chakari Monsanto		772 800-8831 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
inclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addres Registration S	Section	Street Address: Registration Sec	
Division of C	orporations	Division of Corp	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rooted Activewear LLC.

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(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 tiled on 11/01/2021	and assigned
Florida document number L21000471634		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	ed office address on our records, enter t	he name of the new regist.
agent and/or the new registered office address here		ne name of the new registr
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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
AMBR	Chakari Monsanto	684 Gazetta Way, West Palm Beach, FL 33413	■Add
			□ Remove
			□Change
AR	Chakari Monsanto	684 Gazetta Way, West Palm Beach, FL 33413	□Add
			\(\exists \) Remove
			□Change
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			□Change

			
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ctive date, if other than th	ne date of filing:	(optional)	
effective date is listed, the date in e: If the date inserted in this b	ust be specific and cannot be prior to d	date of filing or more than 90 days after filing.) Pursuant e statutory filing requirements, this date will not	nt to 605.020 : be listed as
cord specifies a delayed effecti filed.	ive date, but not an effective time	, at 12:01 a.m. on the earlier of: (b) The 90th c	lay after the
January 10	2022		
	,	•	

Typed or printed name of signee