LZ1000505481

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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A. RIVERS
DEC 2 8 2021



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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations					
	ROTH FUN			•			
SUBJECT:	Name of Limited Liability Company						
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		ERIC W. MCGREW					
			Name of Person				
		ROTH FUND, LLC					
			Firm/Company				
		2319 HICKORY DRIVE					
			Address				
		ANACORTES, WA 98221					
		•	City/State and Zip Code				
		EMCGREW1@GMAIL.CO					
For further ir	nformation c	e-mail address: (oncerning this matter, please of	to be used for future annual report no all:	otification)			
			831 6006295				
ERIC W. MCGREW			at ()				
	Name o	f Person	Area Code Dayti	me Telephone Number			
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F	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)			
Mailing Address: Registration Section		Street Address: Registration S	ection				
Division of Corporations			Division of Corporations				
). Box 632		The Centre of				
1 81	lahassee, I	CL 0Z014	Z#10 IN, IVIONI	oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROTH FUND, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number _____L21000505481 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 "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 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 City 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 agreement 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 2

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>	Name	Address	Type of Action
MGR	ERIC W. MCGREW	2319 HICKORY DRIVE	□Add
		ANACORTES, WA 98221	□Remove
			■Change
MGR	LISA L. MCGREW	2319 HICKORY DRIVE	□Add
		ANACORTES, WA 98221	Remove
			■ Change
			□Add
			Remove
			□Change
J. 11 - 11 - 11 - 11 - 11 - 11 - 11 - 11			⊟Add
			□Remove
			☐Change
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			□ Change

							
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Tective date, if other that an effective date is listed, the da ote: If the date inserted in to ocument's effective date on	te must be specifi his block does 1	e and cannot be not meet the a	ipplicable stati			ing.) Pursuant to 605	
record specifies a delayed ef is filed.	fective date, bu	t not an effec	tive time, at 12	2:01 a.m. on the	earlier of: (b)	The 90th day after	r the
DECEMBER 6		2021					
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Filing Fee: \$25.00