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Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : I20160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ACCOUNTANT@LARSONACC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ROOTS MOTORS LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

MAY 12 2022

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Electronic Filing Menu

Corporate Filing Menu

H22 000 166 940 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ROOTS MOTORS 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 12/23/2021 and assigned
Florida document number L22000002158

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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 Changing Registered Agent, Signature of New Registered Agent

H22 000 166 940 3

H22 000 166 9403

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>	<u>Type of Action</u>
AMBR	MENDONCA, JOAO VITOR	2629 CHATHAM CIR	<input type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DINIZ LIMA, FABIO	1311 29th STREET	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32805	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GIL, JOHN	1311 29th STREET	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32805	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SEGUNDO, EDSON	915 MAIN ST	<input type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Dated May 09th, 2022

Edward B. King, Jr.
Signature of a member or authorized representative of _____

Typed or printed name of signee

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