422000220585

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

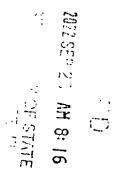
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A. RIVERS DEC 2 0 2022



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COVER LETTER

TÒ:	TO: Registration Section Division of Corporations					
SUBJ	ECT:]	Skinny	Cracker Name of Li	Charter S miled Liability Company		
The e	nclosed	Articles of Ame	endment and fee(s) are su	ibmitted for filing		
Please	e return	all corresponder	ice concerning this matte	er to the following		
		-	_	Name of Person Cracter Charte Firm/Company		
		-		110th terrace		
			_	City/State and Zip Code (City/State and Zip Code (City Ood @ yahoo cotto be used for future annual report notif		
For fu	uther in	formation conce	rning this matter, please (call		
	Je	Nny Name of Per	Tamadge	at (<u>352</u>) <u>817 -</u> Area Code Daytime	- 0357 Telephone Number	
Enclo.	sed is a	check for the fol	Howing amount			
1 5	- 25 00 Fi	ling Fee 🗀	l \$30 00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	<u>Mail</u>	ing Address:		Street Address:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Skinny Cracker Charters (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(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 May 10, 2022 and assigned Florida document number L22000220585
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Native roots Charters LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"
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:
Enter Florida street address
Cay Florida : Cay ZynCode :
City City
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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>	Name	Address	Type of Action
			□Add
			Remove
			☐ Change
			□ Add
			Remove
			Change
			□Add
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