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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section **Division of Corporations** Beeatroot LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Wendy Ritchev Name of Person Beeatroot Firm/Company 2400 S. Oak Park Drive Address DeLand, FL 32724 City/State and Zip Code beet@beeatroot.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wendy Ritchey 386 624-8105 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O

Beeatroot LLC		AGE : T
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our r la Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability (Florida document number L22000300446		Sand assigned
This amendment is submitted to amend the following:	 '	FATE
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited 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	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	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 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	Wendy Ritchey	2400 S. Oak Park Drive, DeLand, FL 32724	
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	7/1/2022			
Tective date, if other than the dan effective date is listed, the date must lote: If the date inserted in this block becament's effective date on the Department.	be specific and cannot be prior to ik does not meet the applicab	date of filing or more than 90	(optional) days after filing.) Pursuant to nents, this date will not be	605,0207 (listed as t
record specifies a delayed effective is filed.	date, but not an effective time	c, at 12:01 a.m. on the car	lier of: (b) The 90th day	after the
July 26th	2022	4		
	// Jeanna Si	Maje		_
5	ignature of a member or authoric	zed representative of a memb	DCF	

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