# L23000023016

(Re	questor's Name)	
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## **COVER LETTER**

Division of Corporations
SUBJECT: ROOT RESQUES LLC ROOF RESCUES LLC
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:
Matthew McBill
Name of Person
Root Rescuers LLC
Firm/Company
113 Buck Island ct
Address
Porte Vedra Beach Florida
W(a) 1101 @ hot mail (DM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Malthew McGail 3562, 833-6339
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{ \$\subseteq \$\ \text{Solo Filing Fee & Certified Copy (additional copy is enclosed)} }\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address:

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** 

Loof Lescuers	LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on ed Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 23000 23</u> 0	$\triangle$ 1	10/2023	2 and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li				
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the design	nation "LLC" or the abb	reviation "L	L.C."
Enter new principal offices address, if applicable:			7.	or company
(Principal office address MUST BE A STREET ADDRESS)			: <del>:</del>	- tal + -
			<u> </u>	<del></del>
			- 7	. 🕻 ;
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)			(A)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our reco	rds, <u>enter the name</u>	of the ne	w registered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida s	street address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agen	nt:			

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

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
			□Add
			□Remove
			□Change
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If an effec Note: If	e date, if other than the date of filing:
ne reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated _	2/5/2023 Feb 2nd 2023
	Mathetor
	Signature of a member or authorized representative of a member