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Special Instructions to f	Filing Officer:	

Office Use Only



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# **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations						
Bare Roots	s Holding Company, LLC						
SUBJECT:	Name of Lin	nited Liability Company	<del></del>				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Scott Zedeker						
		Name of Person		-			
		Firm/Company	<del>-</del>	-			
	2437 Flora Ave						
		Address		2023 AFR 10			
	Fort Myers, FL 33907						
	<del></del>	City/State and Zip Code		$-1$ $\overline{\circ}$			
	szedeker2@gmail.com	engrande und zap essae		PH 1: 25			
	E-mail address: (	to be used for future annual report notif	fication)	· · · · · · ·			
For further information c	oncerning this matter, please c	all:		25			
Scott Zedeker		239 850-8476					
Name o	f Person	at ()	e Telephone Number				
Enclosed is a check for th	ne following amount:						
	2	_					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &			
Mailing Addres		Street Address:					
Registration S		Registration Section					
Division of C		Division of Corp					
P.O. Box 632	1	The Centre of T	aHahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bare Roots Holding Company, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>(x.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L23000132117	were filed on March 14, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2011 Bayside Parkway	
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33901	
Enter new mailing address, if applicable:	<u>_</u>	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addres.	<u> </u>
	Flo	orida _
	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>	<u>Address</u>	Type of Action
MGR	Juliana Zedeker	2437 Flora Ave, Fort Myers Fl. 33907	<b>=</b> Add
		<del></del>	□Remove
			□Change
MGR ———	Scott Zedeker	2437 Flora Ave, Fort Myers FL 33907	■Add
			□Remove
			□Change
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			Remove
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effective da <u>:</u> If the d	ite is listed, th late inserted	ie date mus in this ble	date of filit the specific anock does not epartment of	nd cannot be meet the a	applicable	te of filing s	or more th	os 00 des	option after fil , this d		unt to 60 of be lis
ord specif	ies a delaye	d effective	e date, but no	ot an effect	tive time,	at 12:01 a.	nı. on the	e earlier o	f: (b)	The 90th	day aft
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filed. ed <u> </u>	<del>-) (</del>		Signature of a					<del></del>			<del></del>

Filing Fee: \$25.00

Date of this notice: 03-30-2023

Employer Identification Number:

92-3225043

Form: SS-4

Number of this notice: CP 575 G

BARE ROOTS HOLDING COMPANY LLC JULIANA ZEDEKER SOLE MBR 2437 FLORA AVE FORT MYERS, FL 33907

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

## WE ASSIGNED YOU AM EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-3225043. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

### IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- · Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is BARE. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records. \_\_\_\_\_\_

CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 03-30-2023 ( ) -EMPLOYER IDENTIFICATION NUMBER: 92-3225043 FORM: SS-4

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 bluddibbladdidbladladbiblad

BARE ROOTS HOLDING COMPANY LLC JULIANA ZEDEKER SOLE MBR 2437 FLORA AVE FORT MYERS, FL 33907