L23000226076

(Re	questor's Name)	<u> </u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u></u>
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11/9/23



COVER LETTER

TO: Registration Se Division of Cor		. ,		,	,
ROOT9 "L SUBJECT:	LC"				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Vigen Tumanyan				
	-	Name of Person			
	ROOT9 "LLC"				
		Firm Company			
	3501 Land Oaks Dr., apt. 1	03			
		Address		_	
	Tampa, Fl., 33624			2023 1 SEC TA	e and the
	ROOT9.LLC@gmail.com	City/State and Zip Code		2023 NOV - 1 PM 4: 39 SECTL THAN OF STATE SECTL THAN SEE, FL	Clear Clear
		to be used for future annual report notific	ration)	- 1833 - P	1
For further information c	oncerning this matter, please co	ıll:		SEE: OF SI	Ţ
Vigen Tumanyan		813 4104032756		39 FLE	
Name o	î Person		Telephone Number		
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	
<u>Mailing Addres</u> Registration S		Street Address: Registration Sect	ion		
Division of C		Division of Com			

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

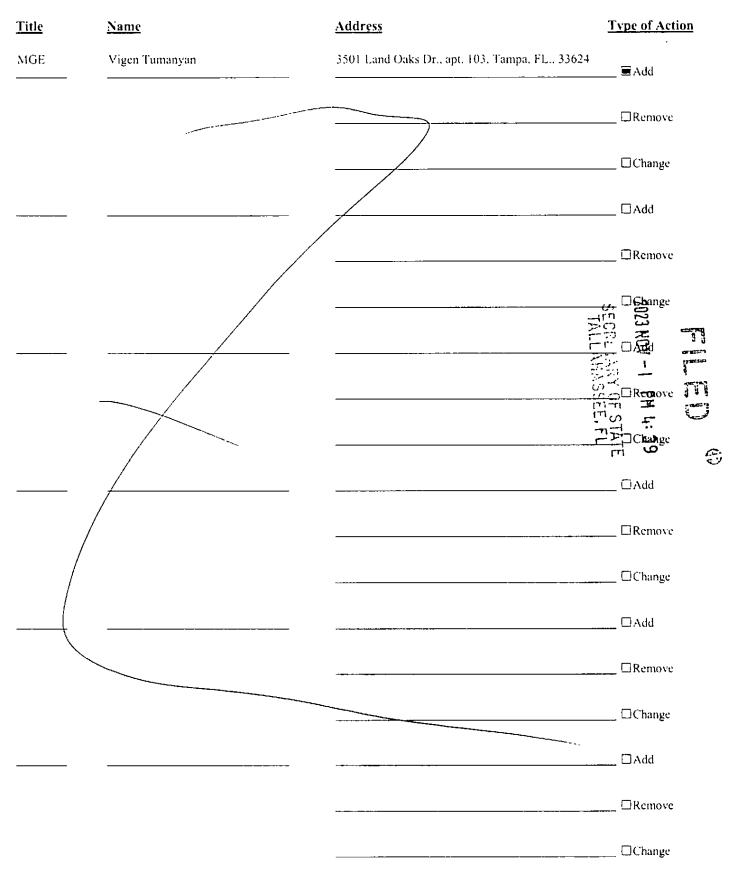
ROOT9 "LLC"	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L23000226076}{L23000226076}$.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
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 a agent and/or the new registered office address here:	Address on our records, enter the name of the new registere
Name of New Registered Agent: New Registered Office Address:	Enter Elorida street address
	Florida 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



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				: 39 TATE	
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		-			
E. Effective date, if other than the (If an effective date is listed, the date management). If the date inserted in this document's effective date on the	ust be specific and cannot be p block does not meet the app	dicable statutory filing r	(optiona than 90 days after fili equirements, this da	ng.) Pursuant to 605.0)207 (3)(t d as the
f the record specifies a delayed effect ecord is filed.	ve date, but not an effectiv	re time, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	the
October 26	2023y.				
	·				

Filing Fee: \$25.00

Typed or printed name of signee