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2024 MAR 20 PH 2: 48 SECRETARY CE STATE

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT: Wi	d Roots Tr	actor Services (LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	_	Birren Name of Person HS Tractor Server Firm/Company	MONTHAR 20 PH 2: 48 SEGRETARISSEE, FILE Ces Ces Ces Ces Ces Ces Ces Ces
	12703 14		2: 48 EE, FI
		FL 34669 City/State and Zip Code	
	WildrootStra	ctor @ gmail. C	fication)
For further information c	oncerning this matter, please of		
Sarah	Q.	at (727.) 534	4-6138 Telephone Number
Enclosed is a check for th			
X S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of T	rporations
Tallahassee, l			be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wild Roots Tr	octor Services LLC. Liability Company as it now appears on our re Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liab	ility Company were filed on $3/4/$	2024 and assigned
This amendment is submitted to amend the follow	ing:	202 SE
A. If amending name, enter the new name of th	ne limited liability company here:	HAR 2
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	PH P
(Principal office address MUST BE A STREET)	ADDRESS)	77
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
B. If amending the registered agent and/or regi		ater the name of the new registered
agent and/or the new registered office address b		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
		. 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 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
AmbR	Daniel m Kolbur	12703 HICKS RD	_ X Add
		Hudson FL 34669	_ □Remove
			_ 🗆 Change
MGR	Sarah Birren	12703 Hicks RD Hudson	_ X Add
		FL 34169 TALLAHUSSEE FL	202 HAR 2
		に	_ Change
		——————————————————————————————————————	_ □Remove
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an effective date is	listed, the date must b inserted in this bloc	be specific and c	annot be prior to	o date of filing or ole statutory fil-	more than 90 day	s after filing.) Pur	suant to 60: not be list	5.0207 (ted as t
	ive date on the Dep							
record specifies (a delayed effective	date, but not a	n effective tin	ne, at 12:01 a.m	. on the earlier	of: (b) The 90	th day afte	er the
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l is filed.	3/2024	,		- •				
l is filed.	3/2024 Sara	L L).	2 ized representati				

Filing Fee: \$25.00