(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone : (813)435-3176 Fax Number : (813)333-6358

Enter the email address for this business entity to be used for future annual report mailings. Enten only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ROOTS AND WINGS SERVICES, LLC

Certificate of Status	0
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Page Count	04
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROOTS AND WINGS SERVICE			
Name of the Lim	ted Liability Company as It no (A Florida Limited Liability Co	ompany)	
The Articles of Organization for this Limited I	ed on	and assigned	
Florida document number L24000414603	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability com	ipany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compa	my," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		.50
			<u> </u>
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or agent and/or the new registered office address		on our records, enter the nam	
agent annul the new registered office addition	33 <u>1161 C</u> .		a co
Name of New Registered Agent:	THE LAW OFFICES OF	F NICK SPRADLIN, PLLC	
New Registered Office Address:	4300 Biscayne Blvd Suit	te 203	
		Enter Florida street address	
	MIAMI	, Florida ³³	137
	City		Zφ 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>	Name	<u>Address</u>	Type of Action
AMBR	KATHLEEN O'BRIEN-VATRAPURIAN	6297 WEST CRAFT LANE	□Add
			Remove
		HOMOSASSA, FL 34448	Change
AMBR	Kathleen O'Brien-Vartapurian	6297 WEST CRAFT LANE	≅ Add
			Remove
		HOMOSASSA, FL 34448	□ Change
			[]Add
			□Remove
			Change
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			□Remove
			Change
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			Change

							
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record spe d is filed,	cifies a delayed	l effective date, bu	ut not an effect	ive time, at 12:0	l a.m. on the ear	lier of: (b) The !	90th day af ter th
10/0	9		2024				
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		1101					
-		Signature	of a member or	authorized repres	entative of a memb	<u> </u>	.