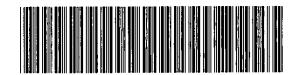


(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



900299049519

05/09/17--0103i--018 \*\*52.50

NC MAY 31 2017



May 16, 2017

TY JAH HILL 1055 NW 61 ST MIAMI, FL 33127

SUBJECT: DAUGTHERS WITH ROOTS INC

Ref. Number: N17000001299

We have received your document for DAUGTHERS WITH ROOTS INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 417A00009738

Rebekah White Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: Daugthers with roots Inc  DOCUMENT NUMBER: N17000001299
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Firm/Company
Miami FL 33127 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ty Jah Hill at (754) 204-2651  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  □ \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)  □ \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Daugthers with roots Inc  DOCUMENT NUMBER: N17000001299
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ty Jah Hill Name of Contact Person
Firm/ Company
1055 NW 613treet
Miami, FL 33127  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ty Jah Hill at (754) 204-2651  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  □ \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

į

Daugther:	5 with ro	xts Inciria	/ -9 3810:53
(Name of Corporati	ion as currently filed with		
N 170 or	199	Taty to the	· · · · · · · · · · · · · · · · · · ·
	ment Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this <i>Florida Prof</i>	it Corporation adopts the following	owing amendment(s
A. If amending name, enter the new name of the co	orporation:		
Daughters with roots	s Inc		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	o, " "Inc," or "Co". A prof		
B. Enter new principal office address, if applicable	<u></u>		
Principal office address <u>MUST BE A STREET ADL</u>	<u>ORESS</u> )		
	<del></del>		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		<u> </u>
D. If amending the registered agent and/or register new registered agent and/or the new registered		a, enter the name of the	
Name of New Registered Agent		·	<del></del>
		•	
<del></del>	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Regi			
hereby accept the appointment as registered agent.	I am familiar with and accep	ot the obligations of the positi	ion.
· Siena	ature of New Registered Age	nt, if changing	
- · · · · · · · · · · · · · · · · · · ·		ب ب	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith. SV as an Add.

X Change	<u>PT</u>	John Do	<u>oc</u>		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1) Change		_		_	
Add					
Remove					
2) Change		_			
Add		_		_	
Remove					
3 ) Change		<del></del>		<del></del>	
Add					
Remove					
4) Change					· -
Add		-		_	
Remove					
5) Change					
Add	•	_		<del></del>	
Remove					
5) Change		_		<u>.</u> .	
Add					
Remove					

Attach additional sheets, if necessary	rticles, enter change(s)   ). (Be specific)		
	, <u></u> ,,		
•			
:			
			,
			· · · · · · · · · · · · · · · · · · ·
		•	
		<del></del>	
•			
		·	
			-
· · · · · · · · · · · · · · · · · · ·	<del> </del>	<del></del>	
•			
			*
•	•		
f an amendment provides for an ex-	change, reclassification.	or cancellation of issued shar	es.
provisions for implementing the an	nendment if not contain	ed in the amendment itself:	
(if not applicable, indicate N/A)			
			·
-			
-		•	
		•	
		•	

date this document was signed.	i th
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature  (By a director, president or officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)  (Typed or printed name of person signing)	
President	