P19000013257

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TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ____INNER HEATHEN, INC. DOCUMENT NUMBER: P19000013257 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: STEVE A. MCKOWN, CPA Name of Contact Person CROSS M BUSINESS SOLUTIONS, INC. Firm/ Company 154 N BRIDGE ST Address LABELLE, FL 33935 City/ State and Zip Code STEVE@CPAMCKOWN.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (863) 599-0868

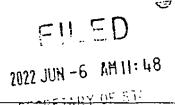
Area Code & Daytime Telephone Number STEVE A. MCKOWN, CPA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, Fl. 32314

Articles of Amendment to Articles of Incorporation of



INNER HEATHEN, INC.

(Name of Corporation as currently filed with the Florida Dept of State) 3550.
P19000013257
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
ROOTS OF WELLNESS, INC. The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent.—I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing
Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

Example:

X.Change	PT John D	<u>toe</u>	
X Remove	<u>V</u> <u>Mike J</u>	ones	
$X ext{Add}$	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		-	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			•••
6) Change			
Add			
Remove			

	or adding additi- tional sheets, if nec	ressary). (Be	specific)				
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			<u> </u>				
	 						
							
							
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fan ameno	lment provides <u>fo</u>	r an eachange.	reclassificat	ion, or cancell:	ation of issued	d shares.	
provisions	for implementing	the amendme	nt if not cont	ained in the ar	nendment its	elf:	
(if not	applicable, indicat	e N/A)					
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 $\mathbf{r}_{i} = \mathbf{r}_{i} \cdot \mathbf{r}_{i} + \mathbf{r}_{i}$

	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment f	île date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requestrement of State's records.	airements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were acation was not required.	dopted by the incorporators, or board of directors withou	t shareholder action and shareholder
■ The amendment(s) was/were as by the shareholders was/were	lopted by the shareholders. The number of votes cast fo sufficient for approval.	r the amendment(s)
	oproved by the shareholders through voting groups. The or each voting group entitled to vote separately on the an	
"The number of votes car	st for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
DatedSignature	127/22 M. B.	
select	director, president or other officer + if directors or office ed, by an incorporator - if in the hands of a receiver, trust need fiduciary by that fiduciary)	
	AARON O FRANK	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	