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COVER LETTER

Division of Co	rporations		
	desources, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	*Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Matthew Girden		
	Bedrock Resources LLC	Name of Person	
	2441 E. Ft. King Street, St	Firm/Company nite 202	
	Ocala, F1. 34471	Address	
	tommy@permenterlaw.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please e	ull:	
Matthew Girden		352 369.8600 at () Area Code Daytime	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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 ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FI, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bedrock Resources, LLC				
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	rds.)		
The Articles of Organization for this Limited Liability C Florida document number $\frac{L12000117774}{L12000117774}$	Company were filed on September 13, 3	2012 a	nd assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	sited liability company here:			
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LI	.C" or the abbrevial	ion "L.L.	c."
Enter new principal offices address, if applicable:		Ξ_{Σ}		
Principal office address MUST BE A STREET ADDI	RESS)	1-1		
meipa office address most provident street.			-=	- 11
		****	-6	
		· ;	PH	· ; ;
Enter new mailing address, if applicable:		<u>.</u>		
Mailing address MAY BE A POST OFFICE BOX)	-	: - 2 -	<u></u>	
			<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ds, <u>enter the n</u>	<u>ame of</u>	the i
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:				
	Enter Florida street addr	ess		
		lorida		
	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>	<u>Address</u>	Type of Action
AMBR	Matthew Girden	820 Ballard Drive	
AMDK		Melbourne, FL 32935	= Add
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cann Note: If the date inserted in this block does not meet t document's effective date on the Department of State's	the applicable statuto	ing or more than 90 days	optional) after filing.) Pursua , this date will no	nt to 605.020 t be listed a
ne record specifies a delayed effective date, The 90th day after the record is filed.	, but not an effec	tive time, at 12:0	01 a.m. on the	e earlier o
November 9 20 Dated	018			
	· ·			

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Typed or printed name of signee

Filing Fee: \$25.00