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(Address)

(Address)

(City/State/Zip/Phone #)

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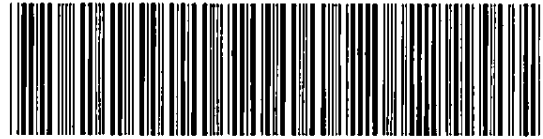
(Business Entity Name)

(Document Number)

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FILED
2025
2024 MAR 21 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FL

4/30/2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IRONROCK COMMERCIAL CONSTRUCTION, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES CAPO

Name of Person

IRONROCK COMMERCIAL CONSTRUCTION, LLC

Firm/Company

124 COMMERCE WAY

Address

SANFORD, FL. 32771

City/State and Zip Code

JCAPO@IRONROCKCC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES CAPO

407 915 6676

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2024 MAR 21 PM 4: 29

IRONROCK COMMERCIAL CONSTRUCTION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 11, 2014 and assigned
Florida document number L14000142390.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

124 COMMERCE WAY

SANFORD, FL. 32771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

124 COMMERCE WAY

SANFORD, FL. 32771

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

124 COMMERCE WAY

Enter Florida street address

SANFORD

City

Florida 32771

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>	<u>Type of Action</u>
MGR	JAMES D CAPO	124 COMMERCE WAY	<input type="checkbox"/> Add
		SANFORD, FL. 32771	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JUSTIN T SAYER	124 COMMERCE WAY	<input type="checkbox"/> Add
		SANFORD, FL. 32771	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	BRIAN D HAMMER	4700 COLONY ROAD	<input type="checkbox"/> Add
		NEW SMYRNA BEACH, FL. 32168	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH 17

JAMES D CAPO

Typed or printed name of signee

Filing Fee: \$25.00