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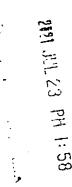
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TO:

Registration Section
Division of Corporations

SOLID RO	CK INVESTMENTS GROUP	LLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JUAN J. PEREZ		
		Name of Person	
	J. PEREZ LEGAL PA		
		Firm/Company	
	9710 STIRLING RD. 104-	105	
Address			
	COOPER CITY, FLORIDA 33024		
		City/State and Zip Code	
	JPEREZ@JJPLEGAL.COM		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please co	all:	
JUAN J. PEREZ		954 450-2585 at ()	
Name o	of Person	Area Code Daytin	ne 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 Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOLID ROCK INVESTMENTS GROUP LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) H Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 07/28/2015	and assigned
lorida document number L15000128767		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	bility company here:	
SOLID ROCK CAPITAL STRATEGIES LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		7591
		٠
Inter new mailing address, if applicable:		
		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		· 01
		(0
3. If amending the registered agent and/or registered office gent and/or the new_registered office address here:	e address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
Name of New Registered Agent.		-
New Registered Office Address:	Enter Florida street address	
	r.nter r ioriaa street address	
	, Flori	
	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 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>	Address	Type of Action
			☐ Add
			□Remove
			☐ Change
			□ Remove
			Change
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			□ Add Remove
		 	Change
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i effective date is fisted, the date must i	k does not meet the applicable statutory i	(optional) or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed
cord specifies a delayed effective s filed.	date, but not an effective time, at 12:01 a.	.m. on the earlier of: (b) The 90th day after the
ed	2021	