## 116000092092

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JUN 21

## **COVER LETTER**

TO: Registration Se Division of Cor			
ROCK B.A	. SOLUTIONS SERVICES, L	LC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ANDREA MACEDO		
		Name of Person	
	ROCK B.A. SOLUTIONS	SERVICES, LLC	
	Firm/Company		
	4690 HUNTING TRAIL		
		Address	<del></del>
	WELLINGTON, FL 3346	7	
		City/State and Zip Code	<del></del>
	macedo.dea@gmail.com		
		to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	ali:	
ANDREA MACEDO		561 929-9856 at ()	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration S	
Division of C P.O. Box 632	-	Division of Co The Centre of	
Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROCK B.A. SOLUTIONS SERVICES, LLC	
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L16000092092</u> .	any were filed on APRIL 22, 2025 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registers</u>
Name of New Registered Agent:	<del></del>
New Registered Office Address:	Enter Florida street address
	Physida

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.

Zip Code

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
AMBR	MARIA GUERRERO	4690 HUNTING TRAIL	<b>≡</b> Add
			□Remove
		<u> </u>	Change
			□Add
			Remove
		<del> </del>	Change
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			□Add
			□Remove
			Change
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			Remove
			∏ Change

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