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COVER LETTER

Division of Corporations ROCKET SHIPPERS, LLC SUBJECT: 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: Sheryl S. Hunter, Esq. Name of Person **Hunter Business Law** Firm/Company 119 S. Dakota Ave., Address Tampa, FL 33606 City/State and Zip Code Notices@hunterbusinesslaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sheryl Hunter Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALLAHASSEE FLORIDA

ROCKET SHIPPERS, LLC

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

The Articles of Organization for this Limited Liability Compan	y were filed on 11/04/2016	and assigned	
Florida document number L16000203757			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
Solomon Forensic Consulting, LLC			
The new name must be distinguishable and contain the words "Limited Liab	oility 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)		<u></u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	·····		
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 he		cines the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
THE CONTRACT OF THE CONTRACT O	Enter Florida street address , Florida		
	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 = 1		Address Add		
<u>Title</u>	Name	Address JALLAHASAY OF STATE	Type of Action	
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ective date, if other than the date o	filing: February 1, 2017		(optional)	
effective date is listed, the date must be spe te: If the date inserted in this block doe	ific and cannot be prior to date s not meet the applicable st	of filing or more than 90 atutory filing requiren	days after filing.) Pursuant (tents, this date will not b	io 605.02 e listed
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Filing Fee: \$25.00