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COVER LETTER

Division of Corporations FINEROCK DESIGN, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Steven Lockhart Name of Person FINEROCK DESIGN, LLC Firm/Company 2400 Apopka Blvd. Address Apopka, FL 32703 City/State and Zip Code SLockhart@Finfrock.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 293-4000 Steven Lockhart Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & 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

FINFROCK DESIGN, 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	iny were filed on 07/02/2018	and assigned
Florida document number L18000161611		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or al-	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	S. S
		7 XX
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		2 445
		11.0x
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address have of New Registered Agent: New Registered Office Address:	iere:	ter the name of the
	Enter Florida street address	
	, Florida	iZip Code
	City	zip Coae

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>	Address	Type of Action
MGR	Allen R. Finfrock	2400 Apopka Blvd.	Add
		Apopka, Fl. 32703	
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(If an eff Note:	we date, if other than the date of filing: cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu If the date inserted in this block does not meet the applicable statutory filing requirements, this date will neet's effective date on the Department of State's records.	ant to 605. of be liste	0207 (3 d as th
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e earlie	r of:
Dated			
	Fintrock Design, ALC Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00