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COVER LETTER

TO: Registration Section Division of Corporations

SOLID ROCK CAPITAL PARTNERS, 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:

MARIA L'ORTEGA

Name of Person

SOLID ROCK CAPITAL PARTNERS, LUC

Firm/Company

1150 NW 72 AVENUE, SUITE 502

Address

MIAMI, FLORIDA 33126

City/State and Zip Code

MARIA.ORTEGA@4111MC.COM

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

For further information concerning this matter, please call:

MARIA L'ORTEGA

Name of Person

305 804-4085 at (_____)

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

🗇 \$25.00 Filing Fee

\$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status
Certificate of Status
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 <u>Street Address:</u> 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

SOLID ROCK CAPITAL PARTNERS, 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 Company were filed on OCTOBER 17, 2019 _ and assigned Florida document number 1.190000261024

This amendment is submitted to amend the following:

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

N/A			
The new name must be distinguishable and contain the words "Limited Liab	odity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1150 NW 72 AVENUE, SUITE 502 MIAMI, FL 33126		
(Principal office address MUST BE A STREET ADDRESS)			
Vatar nau mailing address, if annliables	H 50 NW 72 AVENUE. SUITE 502		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	MIAMI, FL 33126		
agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>		
Name of New Registered Agent: N/A			
New Registered Office Address: N/A			

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.

City

N/A

Enter Florida street address

Florida

....

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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>	Name	Address	Type of Action
N/A			🗆 🖂 🖂 🖓
			[] Change
	<u></u>		DAdd
			[]Remove
			[]Change
			🗆 Add
			🗆 Remove
			Change
			🖸 Add
			🗆 Remove
			口Add
			□Add
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGING ONLY BUSINESS ADDRESS FROM:

8181 NW 36 STREET, SUITE 15, DORAL, FL 33166

v ^{ø:}	
V	

TØ: 1150 NW 72 AVENUE.	SUITE 502, MIAMI, FL	. 33126		
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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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

JULY 19TH.	2021	
	4 Jan VAere	
	fignature of a member or authorized depresentative of a member	
	MAria & Defega	
	Typed or printed name of signee	

Filing Fee: \$25.00