L19000298745

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COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

	ock Company L.L.C		
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:	
	Latia Smith		
		Name of Person	
	Montana Rock Company l	IC	
		Firm/Company	
	517 S California Street		
		Address	
	Helena, MT 59601		
		City/State and Zip Code	
	latia_smalls@yahoo.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Latia Smith		904 535-8360 at ()	·
Name o	f Person	Area Code Daytim	e 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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration : Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE MONTANA F	ROCK COMPANY	L.L.C.
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company has been notified in writing of this change.

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000298745</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	49 Zachary Drive North	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville. FL 32218	2070
		<u> </u>
		<u> </u>
Enter new mailing address, if applicable:	49 Zachary Drive North	σ
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32218	3
		O Am
		7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>i</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

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>	<u>Address</u>	Type of Action
MGR	Laitia J Smith	517 South California Street	□Add
		Helana, MT 59601	■Remove
			□Change
·			□Add
			Remove
<u>.</u>	 ,		□Add
			□Remove
			□ Change
			□Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			∏ Change

	
Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The ord is filed.	90th day after the
Dated April 28 : 2020	
Signature of a member of authorized representative of a member	
Laitia J Smith	