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## **COVER LETTER**

TO:

	Registration Se Division of Cor					
end ive	MAGNA ROCK HOLDINGS LLC					
SUBJEC <sup>*</sup>	··	Name of Lim	nited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		Maurizio Passalacqua				
			Name of Person			
		MAGNA ROCK HOLDIN	NGS LLC			
Firm Company						
		50 Biscayne Blvd apt 3111	I			
			Address			
		Miami Florida 33132				
			City/State and Zip Code			
		maurypass(q),hotmail.com				
		E-mail address: (	to be used for future annual repo	ort notification)		
For furthe	r information c	oncerning this matter, please co	all:			
Maurizio	Passalacqua		267 474 97			
	Name o	f Person	Area Code 1	Daytime Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.0	0 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	D \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section Division of Corporations		<u>Street Addro</u> Registratio				
		_	f Corporations			
I	P.O. Box 632	7	The Centre	of Tallahassee		
Ί	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## MAGNA ROCK HOLDINGS LLC

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

(A riolida Littite)	rt.raomy Company)		
The Articles of Organization for this Limited Liability Compan	y were filed on December	12th 2019	and assigned
Florida document number L19000302876			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
MAGMA ROCK HOLDING LLC			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	i "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			19
		18 <del>18 18 18 18 18 18 18 18 18 18 18 18 18 1</del>	TO TI
Enter new mailing address, if applicable:		2 <u>2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 </u>	S
Mailing address MAY BE A POST OFFICE BOX)		**	A III
maning and easy materials and of the control of	_	- : : :	10
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records.	cher regulation	THE HEW PERSISTE
New Registered Office Address:			
	Enter Florida street	address	
		Florida	
	City	Z.	ip Code
New Registered Agent's Signature, if changing Registered Agent	<u>l:</u>		
hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duti provided for in Chapter	ies, and Lam fami 605, F.S. Or, if th	liar with and is document is
If Ch:	anging Registered Agent, Sign:	ature of New Register	ed 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

Title	<u>Name</u>	Address	Type of Action
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			□Remove
			□ Change
			□Add
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fective date, if other than the date of	í filina:		(optional	1	
n effective date is listed, the date must be speci	ific and cannot be prior t	o date of filing or more th	ian 90 days after filing	g.) Pursuant to 60:	5.020
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ecord specifies a delayed effective date, b	ut not an effective tin	ne, at 12:01 a.m. on th	e earlier of: (b) T	he 90th day afte	er th
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December 19th	2019				
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