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D. BR AUG 11

TO: Registration Section Division of Corporations		
SUBJECT: Solid Rock Renovati	on NPR	
Name of Li	imited Liability Company	
The enclosed Articles of Amendment and fec(s) are sur- Please return all correspondence concerning this matter	•	
•	as A. Newby Name of Person	<del></del>
Silic	Rock Renovation NPR Firm/Company	_
	2 Dewey Dr (Inddress	_
	- TRichey FL. 34652  City/Shut and Zip Code	SECRE TALL M
Srr-eli (E-mail address	2020 agma/. Com: (to be used for future annual report notification)	TARY O
For further information concerning this matter, please	call:	
Dong Newby Name of Person	at ( <u>815</u> ) <u>238 - 7/62</u> Area Code Daytime Telephone Number	10 m
Enclosed is a check for the following amount:		
☐ \$25.00 Filing Fee	(additional copy is enclosed) Certified	ate of Status &
Mailing Address: Registration Section	Street Address: Registration Section	

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

Solid Rock Renovation NPR  (Name of the Limited Liability Compan (A Florida Limited Liability)	1	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	r records.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L2000099200</u> .	$\sim 1.$	5/2020 and a
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company " the decignation	on "LLC" or the abbreviation.
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		DZO.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	SECRETARY OF STA
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records	, enter the name of the n
Name of New Registered Agent:  New Registered Office Address:	N/A N/A	
	Enter Florida stree	a address
	City	Florida Zip Coa

## 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 conprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this dobeing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liab company has been notified in writing of this change.

## or removed from our records: MGR = Manager AMBR = Authorized Member **Title Address Type** <u>Name</u> David Vincent Fishman 4332 Dewey Dr., New Bot Richney, FLZ MGR \_\_\_\_\_ □R $\square$ R □c \_\_\_\_\_ □R-□C:

\_\_\_\_\_ DR

\_\_\_\_ □C

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> 설설</u> 프로
(If an e <u>Note</u>	effective date, if other than the date of filing: 6/1/2026 (optional)  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to  ighther than the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to  ighther than the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to  ighther than the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to  ighther than the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to  ighther than the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to  ighther than the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.
If the record is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day filed.
Date	Louising a. Ment
	Signature of a member or authorized representative of a member
	Typed or projed name of signee