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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ROCK SOLID STEEL L.L.C.  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:
LORRAINE BARBERINO Name of Person
ROCK SOLID STEEL
10311 BOCA WOODS LANE
BOCA RATUN FL. 33428 City/State and Zip Code
BARBERINOL P VAHOO. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LORRAINE BARBERINO at 954 2056755  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$  \$55.00 Filing Fee \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate of Status
Mailing Address:  Registration Section  Street Address:  Registration Section

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

ROCK SOLID  (Name of the Limited Liability Comp.)	STEEL L.L.C.  any as it now appears on our records.)  Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L 20000 8 9 3 9 3</u>	1 1	O and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab $\mathcal{N} / \mathcal{A}$	···	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>N /A</u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	me of the new registered
Name of New Registered Agent:	N/A	2020 APR
New Registered Office Address:	Enter Florida street address Florida	
New Registered Agent's Signature, if changing Registered Agent	City	Zip Code
I hereby accept the appointment as registered agent and age 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 company has been notified in writing of this change.	e performance of my duties, and I am provided for in Chapter 605, F.S. Oi	familiar with and r, if this document is
If Cha	N /A inging Registered Agent, Signature of New R	tegistered 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	LORRAINE BARBERINO	10311 BOCA WOORS LANE BOCA RATON, FL. 3342	XAdd
		BOCA RATON, FL. 3342	<u></u> Remove
			Change
			□Add
			Remove
			□Change
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			□Renюve
			□ Change
			🗀 Add
			□Remove
			□Change

	NA
•	
Effective	date, if other than the date of filing: (optional) (optional) (ve 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 605,0207
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
documen	it's effective date on the Department of State's records.
e record's rd is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the .
Dated	MARCH 30 , 2020.
	Signature of a member or authorized representative of a member
	LORRAINE BARBERINO

Filing Fee: \$25.00