121000077009

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R. HUNT 01/23/20

COVER LETTER

Division of Co	•		
American	applied innovations llc		
SUBJECT:	·		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Joseph oldring		
		Name of Person	
	American applied innovation	ions IIc	
		Firm/Company	-
	4071 lazy hollow in n		
		Address	
	Jacksonville Florida 3225	7	
	rocksolidinspections904@	City/State and Zip Code	
	·	to be used for future annual report notific	ation)
For further information of	concerning this matter, please c	all:	
Joseph oldring		904 419-7528	
		at ()	
Name o	of Person	Area Code Daytime T	l'elephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Eiling Eag &	Figes on Citing Car &	ET 670 00 PP - F
= 323.00 Fining Fee	☐ \$30.00 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 Addre	<u>ss:</u>	Street Address:	
Registration		Ponistration Section	lan

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Registration Section

TO:

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

American applied innovations lle		
(Name of the Limited Liabil (A Floric	lity Company as it now appears on our records. da Limited Liability Company))
The Articles of Organization for this Limited Liability (Torida document number 1.21000077009	Company were filed on 2/15/2021	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	nited liability company here:	
rock solid inspections IIc		
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	(RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
 If amending the registered agent and/or registered agent and/or the new registered office address here: 		ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flor	ida
	City	Zip Code

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.

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
			□Add
		 	□Remove
			☐Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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ective date, if other than th	ia data of filings			(option	al)
effective date is listed, the date m	ust be specific and ca	annot be prior to d	ate of filing or more	than 90 days after fi	ling.) Pursuant to 605.020
e: If the date inserted in this ument's effective date on the	block does not me Department of Sta	et the applicable te's records.	statutory filing r	equirements, this c	iate will not be listed a
cord specifies a delayed effect	ive date, but not a	n effective time.	at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
s filed.					
01/20		2023			
ed					
13					

Typed or printed name of signee