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COVER LETTER

Division of Cor			
subject: <u>K/a</u>	ken Junk Re	moval LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Austin Sudi	nyKovych Name of Person	
		Firm@ ompany	
	8418 /bis	Rescrue Cir	
	West Palm B	Reach FL 334/	. 2
	Austyn 21 6	Gmail. Com to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Austin Swar Name o	rykorych recson	at (<u>561</u>) <u>227</u> - Area Code Daytim	8933 e Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee S25.00 Filing Fee S25.00 Filing 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 Addres Registration 5		Street Address: Registration Sec	ction
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kraken Junk Real (Name of the Limited Liability (A Florida	Company as it now appear	rs on our records.)	
The Articles of Organization for this Limited Liability Co. Florida document number <u>L2100025690</u>	ompany were filed on		ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit			
Solid Rock Junk Remo	ed Liability Company," the d	esignation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.)	<u> </u>	·	
		:	
Enter new mailing address, if applicable:		10	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our re	ecords, <u>enter the name of the n</u>	ew registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	rida street address	
	Florida		
	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
			□Remove
			□ Change
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			□ Chanus

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(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.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated June 14 Austin Sugny/souch
Typed or printed name of signee