## L21000282443

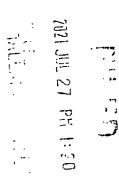
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Special Instructions to Filing Officer:
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## **COVER LETTER**

	istration Section sion of Corpora						
	Solid Rock Propo	erty Ventures, LLC					
SUBJECT:		Name of Limi	ted Liability Company				
The enclosed	Articles of Amer	ndment and fee(s) are subr	nitted for filing.				
Please return	all corresponden	ce concerning this matter t	to the following:				
	C	herie Seawell					
	<del></del>		Name of Person				
Solid Rock Property Ventures, ELC							
	_		Firm/Company	<del></del>			
7901 4th Street North Ste 300 Address							
	S	t Petersburg, FL 33702					
	_		City/State and Zip Code			£	
	ch	erie@solidrockbuyers.con				<u> </u>	-F <b>+F</b>
		E-mail address: (t	o be used for future annual report notification	1)		2021 JUL 27	
For further in	iformation concer	ming this matter, please ca	dl:		: .		
Cherie Seaw	ell		941 200-1546 at ( )		: ``` 	PH 1:2	194.** ********
	Name of Pers	on	Area Code Daytime Telej	ohone Number	1.	: 20	
Enclosed is a	check for the fol	lowing amount:					
□ \$25.00 F	iling Fee   🗏	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Statu		

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	y were filed on 6/17/2021	and assigned
Florida document number L21000282443		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	.I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2021
	<del></del>	
		- 72
Enter new mailing address, if applicable:		7
(Mailing address MAY BE A POST OFFICE BOX)		
<u> </u>		···
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		rds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	hress .
	City	Florida

## 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 Changing Registered Agent, Signature of New Registered 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>	Address	Type of Action
AMBR	Steven R Brown	7901 4th Street North Ste 300	<b>⊟</b> Add
		St. Petersburg, FL 33702	☐ Remove
			☐ Change
			Add
			Remove
			Change
			B:Add
			27
			☐ Remove
			☐ Change
			Remove
			Change
			Remove
			Change

	<u></u>			
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				20
	7/10/2021			
(If an effective date is listed, the date it	he date of filing:  nust be specific and cannot be prior to date  block does not meet the applicable s	e of filing or more than 90 days after fil	al) ng.) Pursuar ite will not	nt to 605,020 t be listed a
The 90th day after the re				earlier o
Dated	Select CC Signature of a member or authorized			
Pini No	Sep 00			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00