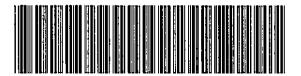
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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

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AUG 2 2 2022 S. PRATHER

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations		
SUBJECT: ROCK S	Name of Limited Liability Company	
The enclosed Articles of Amendment an	d fee(s) are submitted for filing.	
Please return all correspondence concern	ning this matter to the following:	
	WILLIAM L WRIGHT Name of Person	
	COCK SOLID RACING LLC Firm/Company	
<u>3001</u>	W 10 ST UNIT 414 Address	
PAN bi	City/State and Zip Code City/State and Zip Code	
For further information concerning this n	natter, please call:	
BILL WRIGHT Name of Person	at (850) 258 0846 Area Code Daytime Telephone Number	
Enclosed is a check for the following am 25.00 Filing Fee		
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rock Solid Raci	AS LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	1 1 5 6
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Authorized Persons Determined Liability The new name must be distinguishable and contain the words "Limited Liability Limited Liability Liab	y Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Na
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	NA
 If amending the registered agent and/or registered office acting and/or the new registered office address here: 	ldress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	NA
New Registered Office Address:	NA
	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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_	WILLIAM L WE, GIHT	3001 W 10= ST JUIT 414 Panama City, FL 32401	⊠Add
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	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill f the date inserted in this block does not meet the applicable statutory filing requirements, this date	
	nt's effective date on the Department of State's records.	ate will not be fisted as
		TI 001 1 0 1
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
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