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Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

COVER LETTER

(((H23000398528 3)))

SUBJECT: BLACK ROCK STRONG LLC 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: LOVETTE DOBSON Name of Person Firm/Company 17350 STATE HWY 249 #220 Address HOUSTON TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H23000398528 3)))

BLACK ROCK STRONG LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Flortda Limited Liability Company)

The Articles of Organization for this Limited Liability Company were	filed on	10/09/2023	a	nd assigned
Florida document number L23000465438				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability of BR STRONG L.L.C.	company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liability Co	impany," the d	esignation "LLC" or the	abbrevia	tion "L L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	···			
			- .	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office addre agent and/or the new registered office address here: Name of New Registered Agent:	ess on our re	cords, enter the nai	ne or t	ne new/registered
New Registered Office Address:				<u> </u>
		da street address		. & . \&
	ŢŴ.	, Florida _	Lip	Code
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfoaccept the obligations of my position as registered agent as provid being filed to merely reflect a change in the registered office addrompany has been notified in writing of this change.	ormance of a ded for in C	my duties, and I am hapter 605, F.S. Or	familio ; if this	ar with and states document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H23000398528 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		<u></u>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			©Remove

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D. It amending any other inform	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
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·····		
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to block does not meet the applicable statutory filing requirements, this date will not be	o 605,0207 (3)(t : listed as the
f the record specifies a delayed effect ecord is filed	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
Dated November 17	2023	
	(Mintickuld	
	Signature of a member or authorized representative of a member	-
	Craig Pickard	
	Typed or printed name of signee	-

Filing Fee: \$25.00

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