L23000492678

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Free Amendment du to name
due to name
Change -5.C.

Office Use Only



400410687314

TH: 11/15/23

COVER LETTER

TO: Registration Se				
	Masonry llc Masonry llc			
SUBJECT:		ited Liability Company	<u>.</u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jamar McCray Jamar McCray			
		Name of Person		
	Solid Rock Masonry IIc Solid Rock Masonry IIc			
	.	Firm/Company	 ,	
	739 E Silver Springs Blvd 739 E Silver Springs Blvd	Building 108 Building 108		
	O1 El 11170	Address		
	Ocala, Fl 34470 Ocala, Fl 34470			
	Innarmagray(M1@amail.co	City/State and Zip Code		
	Jamarmssray801@gmail:s8	HI to be used for future annual report notification)		
		·		
Rashaundra Taylor	oncerning this matter, please c			
Rashaundra Taylor		352 8952628 352 8952628 at()		
Name o	of Person	Area Code Daytime Telephor	ne Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	S30.00 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		Street Address: Registration Section		
Registration Section Division of Corporations		Registration Section Division of Corporation	18	
P.O. Box 6327		The Centre of Tallahas	The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street	Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li Florida document number 123000492678	iability Company were filed on 11/09/2023	and assigned
his amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
SOLID ROCK MASONRY LLC		
he new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
Principal office address MUST BE A STREE	T ADDRESS)	
Inter new mailing address, if applicable:		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I	BOX)	
Mailing address MAY BE A POST OFFICE A	egistered office address on our records, enter th	
Mailing address MAY BE A POST OFFICE A	egistered office address on our records, enter th	
Mailing address MAY BE A POST OFFICE A 3. If amending the registered agent and/or regent and/or the new registered office addres	egistered office address on our records, enter th	
Mailing address MAY BE A POST OFFICE A 3. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	egistered office address on our records, enter th	
Mailing address MAY BE A POST OFFICE A B. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	egistered office address on our records, enter the	e name of the new reg

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

—	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
-	
	
	
	
	
Effortive det	a if other than the data of filings
Note: If the d	e, if other than the date of filing:
he record specit ord is filed.	lies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
_	Signature of a member or authorized poresentative of a member
ļ <u>a</u> ņ	nar meerav nar meeray
	Typed or printed name of signee

Filing Fee: \$25.00