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SCALLAHASSEE, FL

COVER LETTER

TO: Registration Se Division of Cor			
G = (=) = (=)	Assurance LLC.		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Abraham Hollist		
		Name of Person	
	Solid Rock Assurance		
	,, ,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Firm/Company	
	17235 nw 27th avenue		
		Address	
	Miami Gardens, FL 33056	;	
		City/State and Zip Code	
	Hollistconsultinggroup@gr	nail.com (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c		
Shanya Jones		305 705-4024	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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 S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solid Rock Assurance LLC. (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/30/2024}{1}$ _ and assigned Florida document number L24000381230 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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.

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

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
AMBR	Shanya Jones	17235 nw 27th avenue	≣ Add
		Miami Gardens FL, 33056	□Remove
			Change
			□Add
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Effecti fan effe	If the date inserted in this b	e date of filing:ust be specific and cannot be prior to da block does not meet the applicable Department of State's records.	e of filing or more than 90 days after	ional) er filing.) Pursuant to 605.0207 is date will not be listed as
Note:			1	
<u>Note:</u> iocum				
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Note: docume record rd is fil	ed. September 09		it 12:01 a.m. on the earlier of: (b) The 90th day after the
Note: docum e record rd is fil	ed. September 09			b) The 90th day after the