L170008-5957

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT NO	э. :	12000000	0195	
		REFEREN	CE :	514898	8381435	
		AUTHORIZATIO	: NC	Livel	Edeman	
		COST LIM	IT :	\$ 25.00	we kan	
ORDER	DATE :	February 21, 20	023			
ORDER	TIME :	9:13 AM				
ORDER	NO. :	514898-005				
CUSTO	MER NO:	8381435				
 -			-			
		DOMESTIC	AMEND	MENT FIL	ING	
	NAME:	WHISPERING (CORAL,	LLC		
	EFFECTI	VE DATE:				
<u>xx</u>		S OF AMENDMENT D ARTICLES OF IN	1CORPO	RATION		
PLEASI	E RETURN	THE FOLLOWING A	AS PRO	OF OF FII	ING:	
xx	PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD S	STANDI	NG		

EXAMINER'S INITIALS:

CONTACT PERSON: Eyliena Baker -- EXT#

DocuSign Envelope ID: C837BCB4-37E0-4D92-9F13-37B24A2044B6 **COVER LETTER**

Registration Section

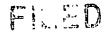
TO:

Division of Corporations Whispering Coral, LLC SUBJECT: _ 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: Dana L. Lee Name of Person Arnold & Porter Firm/Company 601 Massachusetts Ave., NW - Room 10411 Address Washington, DC 20001-3743 City/State and Zip Code Dana.Lee@arnoldporter.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ryan F. Bender 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 Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: C837BCB4-37E0-4D92-9F13-37B24A2044B6 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Whispering Coral, I.I.C		2023 FEB 22 PM 12: 50	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our Liability Company)	TALL ABASSEE, FL	
The Articles of Organization for this Limited Liability Company			
on Florida document number <u>L17000085957</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	c/o Rockridge Capita	l Holdings	
(Principal office address MUST BE A STREET ADDRESS)	22 NF. 22nd Ave., #4		
	Pompano Beach, FL 33062		
Enter new mailing address, if applicable:	Thomas W. Richards Arnold & Porter	son	
(Mailing address MAY BE A POST OFFICE BOX)	601 Massachusetts Ave., NW - Room 10408		
	Washington, DC 20001		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records,	enter the name of the new register	
New Registered Office Address:	Enter Florida etras	t addrage	
	Enter Florida street address		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•		
hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my dut provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is	

DocuSign Envelope IQ: C837BCB4-37E0-4D92-9F13-37B24A2044B6
II amending Authorized rerson(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
MGR	Robert Kirby	c/o Rockridge Capital Holdings	⊠Add
		22 NE 22nd Avenue #4	□Remove
		Pompano Beach, FL 33062	□ Change
MGR James Greer	James Greer	c/o Rockridge Capital Holdings	□ Add
		22 NE 22nd Avenue #4	≧ Remove
		Pompano Beach, FL 33062	□Change
			□Add
			□Remove
			□Сhaпge
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
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. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing: cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
ne recor ord is ti	d 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 ed.
Dated	February 21
	Doeu Bigned by:
	Signature of a member or authorized representative of a member
	SF Property Management LLC
	By: Robert Kirby, Manager Typed or printed name of signee

Filing Fee: \$25.00