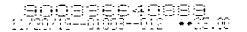
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(Requestor's Name)
(Address)
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	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
	(Document Number)
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COVER LETTER

	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:	
	CARRIE BAILEY		
	RIMROCK COMMERCIA	Name of Person AL WHITEFISH, LLC	
	343 NW COLE TERRAC	Firm/Company E STE, 201	
	LAKE CITY, FL 32055	Address	
	CARRIE@RIMROCKCOM	City/State and Zip Code MPANIES.COM	
		to be used for future annual report notil	ication)
CARRIE BAILEY	concerning this matter, please c	904 240-1388	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fcc	☐ \$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 fadditional copy is enclosed

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIMROCK COMMERCIAL WHITEFISH, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on 10/02/19	and assigned
Florida document number £19000248697		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
WHITEFISH 57 COMMERCIAL, LLC		
The new name must be distinguishable and contain the words "Limited Liability and Contain the words".	ty Company," the designation "LLC" or the	e 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 off		er the name of the new
registered agent and/or the new registered office address here	:	
		2019 SEL
Name of New Registered Agent:		27 3 11
New Registered Office Address:		
	Enter Florida street address	<u> </u>
	, Florida	7151 = M
	City Tiorida	Zip (a
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

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
			☐ Remove
			□ Change
			□ Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		
		□ Remove	
		□ Change	
			Add
			□ Remove
			Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
•	
(If an eff	ive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a sent's effective date on the Department of State's records.
the red) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	
	Ma
	Signature of a member or authorized representative of a member
	Maston Crapps
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00