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A. RIVERS

NOV 4 2023

COVER LETTER

TO: Registration Solution of Col				
SUBJECT: ST PETE-S	SUR-MER LLC			
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	CRAIG, RUSSELL, W, IV			
	, _ .	Name of Person	_	
	ST PETE-SUR-MER LLC			
		Firm/Company		
	5246 27TH AVE N			
		Address		
	ST PETERSBURG, FL 33	701		
	STPETESURMER@GMA	City/State and Zip Code AIL.COM		
	E-mail address: (to be used for future annual report notif	fication)	
For further information of	concerning this matter, please c	all:		
CRAIG, RUSSELL W,	IV	727 280-6598		
Name (of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for t	he 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		Street Address:	wien.	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 633	•	The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ST PETE-SUR-MER LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CRAIG ROCK CAPITAL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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

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
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Page 2 of 3

				
				
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		26, 2023 at 12:01am		
ective date, if other than the of effective date is listed, the date must	be specific and cannot be prior	to date of filing or more th	(optional) nan 90 days after filing.) Pursu	ant to 605.020
te: If the date inserted in this blo ument's effective date on the De			quirements, this date will n	ot be listed :
	effective date, but not	t an effective time	, at 12:01 a.m. on th	ie earlier
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