

M22000331883

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

SECRETARY OF STATE
TALLAHASSEE, FL

2022 SEP 26 AM 10:00

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRIF GP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

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SEP 27 2022

COVER LETTER

H22000331883

TO: Registration Section
Division of Corporations

SUBJECT: CRIF GP, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Capitol Services - Corporate Filings Team

Firm/Company

515 East Park Avenue 2nd Fl

Address

Tallahassee, FL 32301

City/State and Zip Code

kd@castlerockpartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (**855**) **498 - 5500**
Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

H22000331883

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: **CRIF GP, LLC**

Enter new principal office 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)**

2. The Florida document number of this limited liability company is: **M22000013524**

3. Jurisdiction of its organization: **Delaware**

4. Date authorized to do business in Florida: **August 29, 2022**

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: **CastleRock Investors Fund GP, LLC**
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, **Florida** _____
City Zip Code

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

H22000331883

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2022 SEP 26 AM 10:00
SECTION 605
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TALLAHASSEE, FL

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: H22000331883

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

/s/ Paul Tanico

Signature of the authorized representative

Paul Tanico

Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CRIF GP, LLC", CHANGING ITS NAME FROM "CRIF GP, LLC" TO "CASTLEROCK INVESTORS FUND GP, LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2022, AT 1:56 O'CLOCK P.M.



6958597 8100
SR# 20223606550

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204472881
Date: 09-23-22

H22000331883

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State of Delaware
Secretary of State
Division of Corporations
Delivered 01:56 PM 09/23/2022
FILED 01:56 PM 09/23/2022
SB 20223606550 - File Number 6958597

**CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF FORMATION**

CRIF GP, LLC, a Delaware limited liability company (the "**LLC**"), for the purpose of amending its Certificate of Formation pursuant to the Delaware Limited Liability Company Act, hereby certifies that:

FIRST: The name of the LLC is CRIF GP, LLC.

SECOND: The Certificate of Formation is hereby amended by deleting the first section and replacing it with the following:

"FIRST: The name of the limited liability company formed hereby is:

CastleRock Investors Fund GP, LLC"

THIRD: This Certificate of Amendment to the Certificate of Formation shall become effective upon its filing with the Secretary of State of the State of Delaware.

IN WITNESS WHEREOF, the undersigned executed this Certificate of Amendment to the Certificate of Formation on the 23rd day of September, 2022.

CRIF GP, LLC,
a Delaware limited liability company

By: /s/ Paul Tanico
Paul Tanico,
Authorized Person