## L16000158102

(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of State	tus
Special Instructions to Filing Officer:	
	,
\	O/P

Office Use Only



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FILED

TO JUN 26 PH 6: 05

ENGLISHED

ENGLISHED

910 ro



May 26, 2020

SYLVIA COLEMAN 6108 CHOLLA DR FT WORTH, TX 76112

SUBJECT: CBT3 LLC

Ref. Number: L16000158102

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

RECEIVED
JUN 2 6 2020

Letter Number: 520A00010479

## **COVER LETTER**

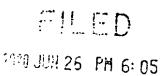
TO:

Registration Section

Division of Cor	porations		
CBT3 LL	С		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sylvia Coleman		
		Name of Person	
	CBT3 LLC		
	<del></del>	Firm/Company	
	6108 Cholla Dr		
		Address	
	Ft Worth Texas 76112		
		City/State and Zip Code	<u></u>
	roysylvia@aol.com		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
Sylvia Coleman		817 312-3118	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Corp The Centre of Ta	
Tallahassee,			Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CBT3 LLC	SECTION AND AND AND AND AND AND AND AND AND AN
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our ecords.)
The Articles of Organization for this Limited Liability Company Torida document number 1.16000158102	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Sylvia Coleman
Principal office address MUST BE A STREET ADDRESS)	6108 Cholta Dr
Trincipal office data ess 14051 Inc. A STREET ADDRESS	Ft Worth Texas 76112
nter new mailing address, if applicable:	6108 Cholla Drive
Mailing address MAY BE A POST OFFICE BOX)	Ft Worth Texas 76112
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Address</u>	Type of Action
AMBR	Roy H Coleman Jr	6108 Cholla Drive	□Add
		Ft Worth Texas 76112	■Remove
		<del></del>	□Change
MGR	Sylvia Coleman	6108 Cholla Drive	
		Ft Worth TX 76112	□Remove
		97%	Change
AMBR	Roy H.Coleman III	2400 Handley Ederville Rd	≣Add
		Ft Worth TX 76112	□Remove
		1%	□Change
AMBR	Courtency Ann Shutack	2400 Handley Ederville Rd	<b>=</b> Add
		Ft Worth TX 76112	_
		1%	□ Change
AMBR	Mary Katryna Hogentogler	2400 Handley Ederville Rd	<b>=</b> Add
		Ft Worth TX 76112	□Remove
		1%	□Change
			□Add
			□Remove
			□ Change

	<del></del>	
\ <u>-</u>		
	<u> </u>	
··		
<u>ote:</u> If	date, if other than the date of filing:	207 ( as 1
record s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the	he
ated Al	oril 9, 2020	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00