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COVER LETTER

	ion of Corporations	
CI SUBJECT:	CBT HOLDING, LLC	
	Name of Limited Liability Company	
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.	
Please return all	all correspondence concerning this matter to the following:	
	DONALD R. HALL, ESQ.	
	Name of Person	
	GOZA AND HALL, P.A.	
	Firm/Company	
	28050 U.S. HWY. 19 N., SUITE 402	
	Address	
	CLEARWATER, FL 33761	
	City/State and Zip Code	
	dhall@gozahall.com	
	E-mail address: (to be used for future annual report notification)	
For further infor	ormation concerning this matter, please call:	
Donald R. Hall	at ()	<u>.</u>
	The code is a substitute of th	-3
Enclosed is a ch	check for the following amount:	
■ \$25.00 Filin	ing Fee \$\Bigcup \$30.00\$ Filing Fee & \$\Bigcup \$55.00\$ Filing Fee & \$\Bigcup \$60.00\$ Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &

MAILING ADDRESS:

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**

CRT HOLDING LLC

(Name of the Limited Liab	illty Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	
	Company were filed on 1271/2013 and assigned
Florida document number L13000171397	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "I i	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
	Electric designation and address of the abbreviation L.E.C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	ORESS)
7	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	
R. If amending the registered agent and/or regis	istered office address on our records, <u>enter the name of the ne</u>
registered agent and/or the new registered office ad-	dress here:
	
Name of New Registered Agent:	<u></u>
New Registered Office Address:	-5
Registated Office Fuditess.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registere	ed 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>	Name	Address	Type of Action
MGR	ATHENA MARKOPULOS-BLEISTEIN a/k/a Athena M. Bleistein	11 Baymont, Clearwater, FL33767	= Add
			□ Remove
			Change
MGR	CHARLES D. BLEISTEIN	11 Baymont, Clearwater, FL33767	
			Remove
			☐ Change
			
			Change
			□ Add
			Remove
			Change
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tive date, if other than the date of	f filing:	1	(optional)	
ffective date is listed, the date must be spec If the date inserted in this block does	s not meet the applicab	ole statutory filing requ	irements, this date will	rsuant to 605 not be list
ment's effective date on the Departme	nt of State's records.	,		
cord specifies a delayed effect	tive date, but not	an effective time,	at 12:01 a.m. on	the earlie
e 90th day after the record is f	filed.			
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November 1	2017	. .		
· AAAA	1/2			
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// Signatur	so a member or authori:	zed representative of a m	ember	_
O Signatur				

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Filing Fee: \$25.00