## 11800177624

(Requ	estor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

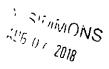
Office Use Only



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SECRETARY OF STATE



## COVER LETTER

TO:	Registration Se Division of Cor			
CHDI	CRBD, LL			
SUBJ	ECT:	Name of Lin	nited Liability Company	<del></del>
The er	nclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Andy Gaunce		
			Name of Person	
		Gaunce Law		
			Firm/Company	
		2719 1st AVe N		
	Firm/Company			
		St Petersburg, FL 33713	3	
			City/State and Zip Code	
		· -	to be used for fitting amount and the	the state of the s
For fu	rther information c		·	cauon)
Andy	Gaunce		727 614-0550	
	Name o	f Person		Telephone Number
Enclos	sed is a check for th	ne following amount:		
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$69.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

CRBD, LLC		
( <u>Name of the Limited</u>	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on 07/24/2018	and assigned
Florida document number L18000177624		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	<del>d</del>
CBRD, LLC		A T
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" of	the abbreviation L.L.C."
Enter new principal offices address, if applica	ble:	- M
(Principal office address MUST BE A STREET	ADDRESS)	P U
		(S) (S)
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
D If		4 4
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, <u>er</u> i <u>ce address here</u> :	<u>iter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
THE REGISTERS OFFICE Address.	Enter Florida street address	
	Florid:	a a
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			□ Remove
			Change
			SECRETARIAN TO THE PROPERTY OF
			PHOSE PLORIDA
			07 21
			Change
			Add
			☐ Remove
			☐ Change
	<del></del>		
			□ Remove
			☐ Change

Effective date, if other than the date of filing:  (In an effective date, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0007.  Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  The 90th day after the record is filed.  Signature of a member of authorized representative of a member.		7.0. 6
Effective date, if other than the date of filing:  (optional)  If an effective 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 Mote. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.		7.0. 6
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Signature of a member or authorized representative of a member.	nted	
Signature of a member or authorized representative of a member.		
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00