L19000153890

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

Office Use Only



700378823247

01 18/31 mulli 18/1 •• 25.1

T. MATTHEWS FEB 28 2022

COVER LETTER

Tallahassee, FL 32314

	Registration Section Division of Corporations							
CUD ITOT		CRB INVESTMENT PROPERTIES LLC						
Name of Limited Liability Company								
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please retu	rn all correspo	ondence concerning this matter	to the following:					
		CODY BARRS						
			Name of Person					
CRB INVESTMENT PROPERTIES LLC								
Firm/Company								
476 SW BARRS GIN.								
			Address					
		LAKE CITY, FL 32024						
		Codybarrs Email address: (City/State and Zip Code Splumbing (2) UX to be used for future annual report Joti	loo .C CM				
For further	information c	oncerning this matter, please co	all:					
CODY BARRS			386 623-0509					
Name of Person				e Telephone Number				
Enclosed is	a check for th	ne 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)				
	ailing Addres		Street Address:					
Registration Section Division of Corporations			Registration Section Division of Corporations					
P.O. Box 6327			The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FEB 10 771 3: 50

CRB INVESTMENT PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

owing:			
the limited liabil	lity company here:		
ords "Limited Liabili	ty Company," the designation	on "LLC" or the abbreviation "L.L.C."	
able:			
T ADDRESS)			
BOX)			
			
egistered office a	ddress on our records	enter the name of the new registered	
s here:	adress on our records	there the hame of the new registered	
WHITNEY BARRS			
476 SW BARRS GIN.			
	Enter Florida stree	t address	
LAKECITY		, Florida <u>32024</u>	
	City	Zip Code	
	rords "Limited Liabiliable: T ADDRESS) BOX) egistered office acts here: WHITNEY BAR 476 SW BARRS	the limited liability company here: Tords "Limited Liability Company," the designation able: T ADDRESS) BOX) egistered office address on our records is here: WHITNEY BARRS 476 SW BARRS GIN. Enter Florida street LAKE CITY	

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
			□Add
		-	Remove
			☐Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			Remove
			□Change
			□Add
			□Remove
			Change
		,	
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00