

| (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: |
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08/01/23--01021--002 **25.00





COVER LETTER

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P.O. Box 6327

Tallahassee, FL 32314

| TO: Registration Division of | on Section Corporations | | - | | | |
|-----------------------------------|--|---|--|--|--|--|
| | Capital CRB, LLC | | | | | |
| Name of Limited Liability Company | | | | | | |
| The enclosed Article | es of Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please return all corr | respondence concerning this matter | to the following: | | | | |
| | Joel White | | | | | |
| | | Name of Person | | | | |
| | Direct Capital CRB, LLC | | | | | |
| Firm/Company | | | | | | |
| | 907 S Charles Richard Bea | all Blvd | | | | |
| | | Address | | | | |
| | Debary, FL 32713 | | | | | |
| | | City/State and Zip Code | | | | |
| | jwhite@whitesigncompany | .com to be used for future annual report notif | ication) | | | |
| For further informat | ion concerning this matter, please c | · | | | | |
| Joel White | ,, | 407 342-7887 | | | | |
| Na | ame of Person | at () Area Code Daytimo | Telephone Number | | | |
| Enclosed is a check | for the following amount: | | | | | |
| ■ \$25.00 Filing Fe | ee S30.00 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) | | | |
| | on Section | Street Address: Registration Sec | | | | |
| Division | of Corporations | Division of Con | porations | | | |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Direct Capital CRB, LLC | | |
|---|--|---------------------------------------|
| (Name of the Limited Liability Co (A Florida Limi | mpany as it now appears on our retted Liability Company) | <u>ecords.</u>) |
| The Articles of Organization for this Limited Liability Comp. | any were filed on 5/17/2023 | and assigned |
| This amendment is submitted to amend the following: | | |
| this amendment is submitted to amend the following. | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| | | |
| The new name must be distinguishable and contain the words "Limited L | Liability Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS | <u> </u> | |
| | | |
| | | 2023 SEP |
| Enter new mailing address, if applicable: | | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | | · · · · · · · · · · · · · · · · · · · |
| | | 38 m |
| | | |
| 3. If amending the registered agent and/or registered offi | ice address on our records, <u>e</u> r | nter the name of the new regis |
| gent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street a | ddress |
| · | | _, 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

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 |
|--------------|----------|---|----------------|
| AMBR | Ray Fang | | □Add |
| | | 907 S Charles Richard Beall Blvd, Debary FL 32713 | ■Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |
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| | | | □ Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: 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. Dated _____ 2023 Signature of a member or authorized representative of a member

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