L24000251504

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COVER LETTER

TO:

Registration Section

Division of Coa	rporations				
Blair IT Se	rvices, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Claude A. Blair II				
		Name of Person			
	CRB Solutions Group, LL	C			
	Firm/Company				
	10345 MUSA RD				
		Address			
	SPRING HILL, FL 34608				
		City/State and Zip Code			
	claude.blair@gmail.com				
		to be used for future annual report not	iffication)		
For further information c	oncerning this matter, please c	all:			
Claude Blair		443 831-4460			
Name o	f Person	at () Area Code Daytin	ne 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address:	vetion		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632	2.7	The Centre of Tallahassee			
Tallahacene Fl 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blair IT Services, LLC

to the same fact

than 11 Services, Lite	70% COT OF DU .
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Pany as it now appears on our records.) (Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{1.24000251504}{1.24000251504}$.	y were filed on June 03, 2024 TALL and assigned FL
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
CRB Solutions Group, LLC	
The new name must be distinguishable and contain the words "Limited Liab	oility 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)	MA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	A
B. 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 registered</u>

New Registered Agent's Signature, if changing Registered Agent;

Name of New Registered Agent:

New Registered Office Address:

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

Florida

7.10 inde

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 ABR = Authorized Member		
Title	Address	Type of Action
		□Add
		□Remove
		□ Change
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Effective date, if other	than the date of filing:	(0	ptional)
	he date must be specific and cannot be price		
document's effective date	d in this block does not meet the appli e on the Department of State's record	casie statutory minig requirements. 8.	inis date will not be fisted as
e record specifies a delay:	ed effective date, but not an effective	time at 12:01 a.m. on the earlier of	· (b) The 90th day after the
rd is filed.	ed cheerve date, but not an effective	title, at 12.51 tani, on the earlier of	. (()) The winding arter the
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Dated October 22	2024		
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Typed or printed name of signee

Claude A. Blair II