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COVER LETTER

TO:

Registration Section

Division of Co	rporations			
CRB PRO	PERTIES INVESTMENTS LL	.C		
SUBJECT:	PERTIES INVESTMENTS LL Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	NAIARA MARTINS			
		Name of Person		
ALPHA SOLUTIONS SERVICES LLC				
Firm/Company				
	9611 IDLEWILD RD			
		Address		
	MINT HILL, NC 28227			
		City/State and Zip Code		
	alphasolutionsservices@gn	nail.com		
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
NAIARA MARTINS		980 403-5532		
Name (of Person	at ()	ne Telephone Number	
Enclosed is a check for t	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)	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection	
Division of (Corporations	Division of Co	Division of Corporations	
P.O. Box 633		The Centre of		
Tallahassee,	FL 32514	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRB PROPERTIES INVESTMENTS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/22/2024 and assigned Florida document number 1.24000369341 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: B&T Legacy Properties, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered agent and/or the new registered agent. Name of New Registered Agent:

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.

New Registered Office Address:

Enter Florida street address

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>	<u>Address</u>	Type of Action
MBR	RAFAEL BOCCHI	AV ESTUDANTE JULIO DE SOUZA 2040	□Add
		APT 1601 - VILA VELHA, ES - 29102010 BR	Remove
			Change
MBR	CARLOS AUGUSTO PAIVA	AVENIDA ANTONIO GIL VELOSO 268 APT 101	□ Add
		VILA VELHA, ES - 29102010 BR	■Remove
			Change
			🗀 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

Effective date, if other than the date of filing:	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The Poth day after 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	
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