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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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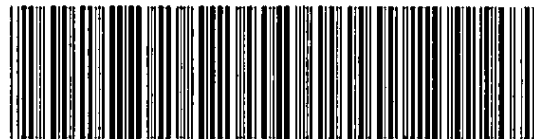
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JUICY CRAB CRESTVIEW LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARRIE ZHONG  
Name of Person  
CLS BUSINESS CENTER INC.  
Firm/Company  
2 ALLEN ST UNIT 4G  
Address  
NEW YORK, NY 10002  
City/State and Zip Code  
CLSNYC3@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARRIE ZHONG at (212) 925-8366  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:**  
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

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19 SEP 20 PM 4:19

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JUICY CRAB CRESTVIEW 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 03/05/2019 and assigned Florida document number L19000063180.

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 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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 office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	YANFENG HUANG	21711 73RD AVE #2	<input checked="" type="checkbox"/> Add
		OAKLAND GDNS, NY 11364	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHENG QUN HUANG	10916 US HWY 98 W STE A	<input checked="" type="checkbox"/> Add
		MIRAMAR BEACH, FL 32550	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JIA QIANG ZHANG	4216 AUGUSTA DR	<input checked="" type="checkbox"/> Add
		GULF SHORES, AL 36542	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	YI LAN LIU	35 MARKET ST APT 3C	<input checked="" type="checkbox"/> Add
		NEW YORK, NY 10002	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DE DONG LIU	504 TIKELL DR	<input checked="" type="checkbox"/> Add
		CRESTVIEW, FL 32536	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WANG YANG	2418 S WENTWORTH	<input checked="" type="checkbox"/> Add
		CHICAGO, IL 60616	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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>	<u>Type of Action</u>
AMBR	ZHI TAO ZOU	3152 137TH ST	<input checked="" type="checkbox"/> Add
		FLUSHING, NY 11354	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUN SHENG ZHANG	3508 ST IVES BLVD	<input checked="" type="checkbox"/> Add
		SPRING HILL, FL 34609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LI BIN CHEN	228 CITADEL LN	<input checked="" type="checkbox"/> Add
		CRESTVIEW, FL 32539	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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