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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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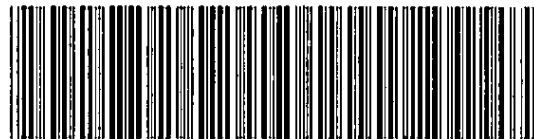
(Business Entity Name)

(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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DIVISION OF CORPORATIONS  
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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19 SEP 23 PM 1:18

**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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

Dated SEPTEMBER 18, 2019



\_\_\_\_\_  
Signature of a member or authorized representative of a member

SAU CHIU CHIU

\_\_\_\_\_  
Typed or printed name of signee