

Apr. 23. 2009 11:22 AM

SALVATORI & WOOD

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L05000102886

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6383

From:

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Account Number : I20030000112
Phone : (239) 552-4100
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BLUE CRAB LLC

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S. HAWKES

APR 24 2009

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Apr. 23. 2009 11:23AM

SALVATORI & WOOD

No. 0649 P. 2/4

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Blue Crab LLC

(Name of Limited Liability Company)

1

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

Please return all correspondence concerning this matter to the following:

C. Lane Wood

(Name of Person)

Salvatori, Wood, Buckel & Weldenmiller

(Firm/Company)

9132 Strada Place, Fourth Floor

(Address)

Naples, FL 34108

(City/State and Zip Code)

For further information concerning this matter, please call:

C. Lane Wood

(Name of Person)

at (239) 552-4100

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

Blue Crab 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 October 19, 2005

and assigned

Florida document number L05000102886

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3050 N. Horseshoe Drive**(Principal office address MUST BE A STREET ADDRESS)**Suite 105Naples, FL 34104

Enter new mailing address, if applicable:

3050 N. Horseshoe Drive**(Mailing address MAY BE A POST OFFICE BOX)**Suite 105Naples, FL 34104**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:Salvatori, Wood, Buckel & Weldenmiller, PLNew Registered Office Address:9132 Strada Place, Fourth Floor*(Enter Florida street address)*Naples*(City)*Florida 34108*(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 608, 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.

(Signature)
(If Changing Registered Agent, Signature of New Registered Agent)

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michael Carr, Sr.	12802 Pond Apple Drive West Naples, FL 34119	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	William T. Higgs	3050 N. Horseshoe Drive Suite 105 Naples, FL 34104	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated April 23, 2009



Signature of a member or authorized representative of a member

C. Lane Wood, Esq., Authorized Representative

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00