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US 10/18/20

COVER LETTER

TO: Registration Se Division of Cor			
	afood, 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:	
	Larry G. Crow, Jr.		
	-	Name of Person	
	Cracker Seafood, LLC.		787
	-	Firm/Company	ZOZO SEF
	8174 Austrian Blvd		5.1 6
		Address	The Park
	Punta Gorda, Fl 33982		PH 3: 1
	lartamjef@aol.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please of	all:	
Larry G. Crow, Jr.		941 628-9191 at ()	
Name o	of Person		e 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)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations
		Tallahassee, FL	. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cracker Seatood, LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were f	iled on 10/24/2006 and assigned
lorida document number L06000103721	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability co	mpany here:
row's Seafood, LLC.	
he new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	ACC 220
Incipal office dualess MOST BL A STREET ADDRESS)	5% 光
	TO 1
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	분의 교
	10 To
	, , , , , , , , , , , , , , , , , , ,
3. If amending the registered agent and/or registered office address	s on our records, enter the name of the new regi
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Police TOWN ATT	
New Registered Office Address:	Enter Florida street address
	Florida

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.

Ciry

Zip Code

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
		TALUAHASSE	Change ☐ Change ☐ Add
		ES FERRIDA	Remove
		<u> </u>	□Change
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Effective date, if other than th	e date of filing:		(option:	ıl)	
f an effective date is listed, the date monotes: If the date inserted in this b	ust be specific and cannot be prior t	o date of filing or more than ble statutory filing requi	90 days after fili	ng.) Pursua ite will no	int to 605.0207 (of he listed as t
document's effective date on the I	Department of State's records.	. 2			
e record specifies a delayed effecti rd is filed.	ve date, but not an effective tin	ie, at 12:01 a.m. on the c	carlier of; (b)	The 90th	day after the
Dated August 10	2020				

Typed or printed name of signee