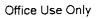
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COVER LETTER

TO:

Registration Section
Division of Corporations

Leola's Cra	bshack, LLC				
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Eric McKinnon				
		Name of Person			
	Leola's Crab Shack, LLC	Leola's Crab Shack, LLC			
		Firm/Company			
	1397 W. Orange Ave		1023 ITAY 24		
		Address	2		
	Tallahassee,Fl 32310				
		City/State and Zip Code			
	710leolas@gmail.com		ENIO: 39		
	E-mail address: (to be used for future annual report notific	ation)		
For further information of	concerning this matter, please co	all:			
Eric McKinnon		850 7667098 at ()			
Name o	of Person	Area Code Daytime	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 Addre Registration Division of C	Section Corporations	Street Address: Registration Sect Division of Corpo The Centre of Ta	orations		
P.O. Box 632 Tallahassee,		2415 N. Monroe			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leola's Crab Shack, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 3/16/2023	and assigned
Florida document number L07000057670		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		20
		7 24
Enter new mailing address, if applicable:		* · •
(Mailing address MAY BE A POST OFFICE BOX)		1 2
		m o
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	S
		orida
	Ciņ	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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Tallahassee, FL 32310	≅Remove
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