## 10900000 3971

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration Se Division of Cor		· •		
CRAB WC				
SUBJECT:	Name of Limi	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:		
	LISA ZAHORIAN			
		Name of Person	<del></del>	
	TAX & FINANCIAL STR	ATEGISTS LLC		
		Firm/Company	<del></del>	
	28089 VANDERBILT DR	SUITE 201		
		Address	· · · · · · · · · · · · · · · · · · ·	
	BONITA SPRINGS, FL 3-	4134		
	9	City/State and Zip Code		
	LISA@WONDERTAX.CO			
For further information c	roncerning this matter, please co	to be used for future annual report not all:	пісаноп)	
LISA ZAHORIAN		239 405-8395		
Name of Person		at () Area Code Daytim	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		<u>Street Address:</u> Registration Se	ction	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 633	27	The Centre of T	Γallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

CRAB WOLF, LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our record liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company  Florida document number 109000003971	were filed on 01/13/2009	and assigned
This amendment is submitted to amend the following:		
_		
A. If amending name, enter the new name of the limited liable CRABFATHER, LLC	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
B. If amending the registered agent and/or registered office a	address on our records, enter	the name of the new regist
agent and/or the new registered office address here:	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
<del> </del>	, Flo	oridaZip Code
	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>	Address	Type of Action
<del></del>			DAdd
		<del></del>	□Remove
		<del></del>	Change
			Remove
		<del></del>	☐ Change
	<u> </u>		□Add
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			□Add
			□Remove
			□Change

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<u>ote;</u> lf	date, if other than the date of filing:	0207 d as
record is filed	ecities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after	the
ned _	NUARY 15TV 2020	
	$\mathcal{A}$	
	Signature If a hember or authorized representative of a member	
	JONATHAN SPECK	

Filing Fee: \$25.00