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Name:	Crab S	hack Acquisi	timfluc
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COVER LETTER

	Registration S Division of Co			
01:D 1E 0		k Acquisition FL, LLC		
SUBJEC	l:	Name of Limi	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all corresp	ondence concerning this matter	to the following:	
		Valerie Williams		
			Name of Person	
		Landry's, Inc.		
			Firm/Company	
		1510 West Loop South		
			Address	
		Houston, TX 77027		
			City/State and Zip Code	
		vwilliams@ldry.com		
		E-mail address: (to be used for future annual report notific	cation)
For further	r information	concerning this matter, please ca	all:	
Valerie V	Villiams		713 386-7000 at ()	
	Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for	the following amount:		
\$25.0	0 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

And the second

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Crab Shack Acquisition FL, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on lability Company)	our records.)
The Articles of Organization for this Limited Liability Company velocida document number L11000013478	were filed on $\frac{2/1/11}{1}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
•	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on ou	r records, enter the name of the ne
N n 'in a Office Address		
New Registered Office Address:	Enter Florida	street address
		, Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
MGR	BR Guest, LLC		
		315 Park Av New York NY 10010	■ Remove
			Change
AMBR	Crab House, Inc.		
		1510 WLS, Houston, TX 77027	
			☐ Change
AMBR	McCormick & Schmick Resignant	1510 West Loop S Houston TX 77 (02)	
	Cong-		🗆 Remove
			Change
VP & Sec	Steven L Scheinthaf	1510 West Loop S Houston TX 77027	
			Remove
			Change
VP & 77	Pick H. Liem	1510 West Loop S Houston TX 77027	Add
Tremsu	rer		Remove
		<u>:</u>	Change
		:	Change
			□ Remove
			Remove

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fective date, if oth	er than the date of fi	iling:	of filing or more than 90 d	_ (optional) lays after filing.) Pursuant to 605.
ite: If the date inser	ted in this block does nate on the Department	ot meet the applicable s	tatutory filing requirement	ents, this date will not be liste
record specifies The 90th day aff	a delayed effectiver the record is fill	ve date, but not an ed.	effective time, at 1	2:01 a.m. on the earlie
ted \	ec asul	2017.		
.cu	1	-, <u></u>		<u> 17</u>
	Signature	of a member or authorized	representative of a membe	<u> </u>
	•		- () II)	28
		Steven L. Typed or printed nar	Schein-Ha-	
		Typed or printed nar	ne of signee	# 9: I
		Page 3 o		5 5

Filing Fee: \$25.00