

L12000024924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

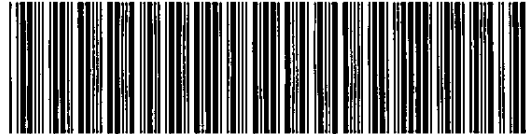
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

N. Culligan

JUL 20 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEPITOS CRAB ISLAND, LLC.
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Charles D. Shaffran
Name of Person

Firm/Company

2 Harbor Blvd
Address

Destin FL 32541
City/State and Zip Code

CICANTINA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Shaffran at (850) 687-9403
Name of Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2015

CHARLES D. SHAFFRAN
2 HARBOR BLVD.
DESTIN, FL 32541

SUBJECT: EXTREME RESTAURANT GROUP, LLC
Ref. Number: W15000046940

We have received your document for EXTREME RESTAURANT GROUP, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 715A00014621

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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2015 JUL 20 PM 3:21

Pepito's Crab Island, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

LLC - SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/21/12 and assigned
Florida document number L12000024924

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: CRAB ISLAND CANTINA, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

2 HARBOR BLVD STE 100A
DESTIN FLORIDA 32541

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2 HARBOR BLVD STE 100A
DESTIN FL 32541

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:

CHARLES SHAFFRAN

New Registered Office Address:

2 HARBOR BLVD SUITE 100A

Enter Florida street address

Destin

City

Florida

32541

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.

Charles D. Shaffran
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

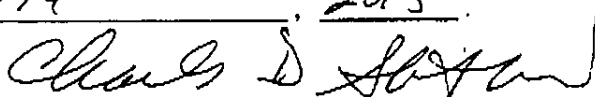
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Eliseo Gutierrez	217 misty Court	<input type="checkbox"/> Add
		Destin, Fl 32541	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 6-18-15 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 6-14, 2015



Signature of a member or authorized representative of a member

Charles Shaffran

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA