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COVER LETTER

TO: Registratio Division of	on Section f Corporations		
Lobstal SUBJECT:	ahs, LLC		
30BJECT:	Name of Limited Liability Company		
	es of Amendment and fee(s) are submitted for filing. Tespondence concerning this matter to the following:		
	Kendra Gustafson		
	Name of Person		
	Lobstahs, LLC / Speaks Clam Bar LWR		
	Firm/Company		
	1810 W Kennedy Blvd		
	Address		
	Tampa, FL 33606	٠٠ ت	
	City/State and Zip Code		
	kgustafson@1810kennedy.com	 ··	: :
For further informati	E-mail address: (to be used for future annual report notification) tion concerning this matter, please call:	-	-F -F
Kendra Gustafson	813 280-8551 at ()	:	0 당 0
Na	ame of Person Area Code Daytime Telephone N	Sumber > -	ر
Enclosed is a check	for the following amount:		
⊠ \$25,00 Filing Fe	Certificate of Status Certified Copy Ce (additional copy is enclosed) Ce	9,00 Filing Fee, ertificate of Sta ertified Copy Iditional copy is en	tus &
Re	1AILING ADDRESS: STREET/COURIER ADDRE egistration Section Registration Section livising of Corporations	ESS:	

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lobstahs, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 02/21/2012	and assigned
Florida document number L12000025079		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Speaks Clam Bar LWR LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
	ecc.	
(Principal office address MUST BE A STREET ADDRE		
Enter new mailing address, if applicable:		20
(Mailing address MAY BE A POST OFFICE BOX)		· =
		- H
		o
B. If amending the registered agent and/or registe	red office address on our records, er	nter the name of the n
registered agent and/or the new registered office addre		ξ <u>3</u>
		. 0
Name of New Registered Agent:		٠, ا
N N 1 100 11		
New Registered Office Address:	Emer Florida street address	
	19	
	, Florid	Zm 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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
		<u>. </u>	□ Change
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			Remove
			Change
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ective date, if other than the	date of filing:	(optiona	l) , (I
te: If the date inserted in this blocument's effective date on the D	st be specific and cannot be prior to date o ock does not meet the applicable statepartment of State's records.	tuing of more than 90 days after thir utory filing requirements, this da	ig.) Furstant to 605.020 ie will not be fisted a:
record specifies a delayed The 90th day after the rec	d effective date, but not an ef ord is filed.	fective time, at 12:01 a.m	. on the earlier o
March 30	. 2018		

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Filing Fee: \$25.00