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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: THE	ECRAB STOC Name of Lim	OF VERO BERGI	+, LLC
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ellis Bu	CKNEN JR. Name of Person	
	THE CRAB	Stop of Senfood N Firm/Company	MARKET OF KORDERCH
		6835 Address	
	VERO BER	OCH FL 3296/ City/State and Zip Code	
	EBUCKVER E-mail address: (68@ JAHO., COM to be used for future annual report notifi	ication)
For further information	concerning this matter, please ca	all:	
Ellis B Name	ucknier Te.	at (772) 633 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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2014 DEC 22 PH 12: 50

THE CRAIS STOP OF VO (Name of the Limited Liability Compan) (A Florida Limited Liability Compan)	no Beach LLC	LUICHARO OF STATE ALLAHASSEE, FLORIDA
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 13/2/14	and assigned
Florida document number <u>£14000 /8 4470</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
THE CRAIS STOP & SEAFOOD MARKET	- OF VERD BEACH	,LLC
The new name must be distinguishable and end with the words "Limited Liabil		
Enter new principal offices address, if applicable:		2263 14"AVE
(Principal office address MUST BE A STREET ADDRESS)	SAME	VERD BEACUFL &
		32961
Enter new mailing address, if applicable:	SAME	PO BN 1825
(Mailing address MAY BE A POST OFFICE BOX)		PO BOX 6835
	that the same of t	VENO IDENCH FLOORY
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		enter the name of the new
	1	
Name of New Registered Agent:		
	MA	
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u> Title</u>	<u>Name</u>	Address	Type of Actio
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. If amending any	other information, enter change(s) here: (Attach additional a	sheets, if necessary.)
	<i>1</i>	
	NA	
Effective date, if	other than the date of filing:	(optional)
(The effective date mus	st be specific, cannot be prior to date of receipt or filed date and cannot be mont is filed by the Florida Department of State)	
Dated 12/	18/14	
	Edbo Soft	
	Signature of a member or authorized representative of a r	nember
	Ellis R. BuckNen JR.	
	Typed or printed name of signee	

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Filing Fee: \$25.00

FILED 2011 DEC 22 PM 12: 50