L16000086851

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(****
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2072 JUN -3 AM IO: 36

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
	RABS, CRUSTATION CONS	SERVATION, LLC	
SUBJECT:	Name of Lim	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:	
	Amy DeBerry		
		Name of Person	
	Mister Crabs Crustacean C	Conservation	
		Firm/Company	•••
	2295 S. Hiawassee Rd., St	e 402	
		Address	
	Orlando, FL 32835		
	A	City/State and Zip Code	
	amy@mistercrabs.com		
	E-mail address; (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Amy DeBerry		321 527-0648	
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	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		<u>Street Address:</u> Registration Se	ction
Division of C	lorporations	Division of Cor	porations
P.O. Box 6327		The Centre of T	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MISTER CRABS, CRUSTATION CONSERVATION, LLC

FILED

2022 JUN -3 AM 10: 36

(Name of the Li	mited Liability Company as it now appears on our r (A Florida Limited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited	Liability Company were filed on 5/3/2016	and assigned
Florida document number L16000086851		
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	of the limited liability company here:	
Mister Crabs Crustacean Conservation, LLC		
he new name must be distinguishable and contain th	e words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if app	licable:	
Principal office address MUST BE A STRI	EET ADDRESS)	
Enter new mailing address, if applicable:	E POV	
Mailing address MAY BE A POST OFFIC	<u> </u>	
B. If amending the registered agent and/o agent and/or the new registered office add	r registered office address on our records, <u>e</u> <u>ress here</u> :	nter the name of the new registo
Name of New Registered Agent:		
New Registered Office Address:	20 70 11	
	Enter Florida street a	udaress
		Florida Zip 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>	Name	Address	Type of Action
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			Remove
		 .	□Change
			□Add
			Remove
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record specifies a delayed eff lis filed.	fective date, but n	iot an effective	time, at 12:01	a.m. on the earlic	er of: (b)	The 90th	day afte	r the
ated May 30		2022						
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	Y / `A							