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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	#)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CAJUN TWINS 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:
CHRISTOPHEIR R GORBY
CAJUNTWINS LIC DBA OT CRAWFISH
4418 PARK BIVD N
PINEURS PARK FL 33781 City/State and Air Code City/State and Air Code
For further information concerning this matter, please call:
CHRISTOPHER GORBY at (727) 403-1936 Name of Person Area Code Daytime Telephone Number
Englosed is a check for the following amount:
▼ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S30.00 Filing Fee & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L17000136094</u> .	1017
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	
The new name must be distinguishable and contain 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ice address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address
	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	re to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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:

GR = Manager IBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address Type of Action
AP	BRITNEY GORBY	1585 PENNSYIVANUIA AVE NE ST. Peicrsburg, FZ 32703 DAdd
		☐ Change
		□ Add
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If amending any 	other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If the dat	if other than the date of filing: is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 is inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cive date on the Department of State's records.
the record spe) The 90th da	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ay after the record is filed.
Dated	Sugrature of a member or amplification of a member
	CHRISTOPHER & GONSY

Page 3 of 3

Filing Fee: \$25.00