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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
	GRILL STOP BBQ LLC	
SORI	Name of Limited Liability Company	
The er	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Keisha S. Jones	
	Name of Person	
	Firm/Company	
	1323 N 16 CT	
	Address	
٠	Hollywood, Florida 33020  City/State and Zip Code	
-	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fu	ther information concerning this matter, please call:	
	Kersha S. Jones at 786, 641-4053  Name of Person Area Code Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
□ \$2	5.00 Filing Fee B\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  CRAB SHACK SEAFOOD & CARILL, LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".  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 on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Florida	GRILLST	TOP BBQ LLC
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 on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	( <u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	ny as it now appears on our records.) lability Company)
A. If amending name, enter the new name of the limited liability company here:  CRAB SHACK SEAFOOD & GRILL SLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation LLC."  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 on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	The Articles of Organization for this Limited Liability Company w Florida document number <u>上 1 80000フ 24つ 1</u>	were filed on $3/19/18$ and assigned
CRAB SHACK SEAFOOD & GRILL LC.  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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 on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	This amendment is submitted to amend the following:	
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(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 on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent: New Registered Office Address:  Enter Florida street address	The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or the abbreviation "L.L.C."
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 on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	Enter new principal offices address, if applicable:	
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Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	(Mailing address MAY BE A POST OFFICE BOX)	***
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address		
New Registered Office Address:  Enter Florida street address		
Enter Florida street address	Name of New Registered Agent:	
	New Registered Office Address:	
, Florida		Enter Florida street address
$C_{ij}^{*}$		, Florida
Cay Zap Code		Cuy 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 Type of Action <u>Title</u> Name **Address** \_□ Add \_□ Remove □ Change \_□ Add \_□ Remove \_\_\_ Change ☐ Remove \_\_\_\_\_ Change \_\_\_\_ 🗆 Add \_\_\_\_\_ Change □ Remove □ Change \_\_\_\_\_ □ Add

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	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
ated	Tebruary 27, 2019
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00