## 14424000817

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
11/10/21

Office Use Only



000371424290

09/24/21--01004--017 \*\*50.00

2021 NOV 10 AH 8: 15



2021 MOV 10 VW 1: #8

## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2021

KEISHA S. JONES 1323 N 16TH CT HOLLYWOOD, FL 33020

SUBJECT: CRAB SHACK SEAFOOD & GRILL, LLC

Ref. Number: L18000072471

We have received your document and check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 321A00024950

Querida R Silas Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

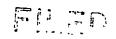
TO:

	C SEAFOOD S ed Liability Company itted for filing.	GRILYLLC	
and fee(s) are subm	, , ,		
	itted for filing.		
erning this matter to			
	the following:		
Kerisha S. Jones Name of Person			
	Firm/Company		
Holly wo	City/State and Zip Code	?3020-3645	
Kay, ka E-mail address: (to	the used for future and ual report no	outication)	
·		1-11553	
3 V.S.	at ( 780) 69 Area Code Dayti	me Telephone Number	
amount:			
	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	<u>Street Address:</u> Registration S	ection	
IS	Division of Co	orporations	
C i	Hollywo  Kay. Ka  E-mail addless: (to	Firm/Company  1323 N 16TH  Address  Holly wood Florida 3  City/State and Zip Code  Kay, Kay 807 & Johnson on the state of State and Zip Code  Lemail address: (to be used for future additional report no not make a code and the code of State of States and Zip Code and Taylor of State of States and Zip Code and Taylor of State of States and Zip Code and Taylor of State of State of States and Zip Code and Zip	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CRAB SHACK.	SEAFOOD &	GRIER NEVLO AM 8: 15
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	nany as it now appears on a Liability Company)	GRIZE NEVLO AN 8: 15  OUR records: CREWAY 15 STATE TALT AND 15 STATE
The Articles of Organization for this Limited Liability Compan Florida document number <u>L18000072471</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia  THE ORIGINAL  The new name must be distinguishable and contain the words "Limited Liab	<del>,</del>	GER, LLC
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	ation "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 agent and/or the new registered office address here:	address on our record	ds, <u>enter the name of the new register</u>
Name of New Registered Agent:	***	
New Registered Office Address:	Enter Florida st	reet address
		Florida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

14

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR_	De Borah Daniels	1323 N 16THCT Hollywood, F	. 33020-3645   
			□Remove
		□Change	
		□Add	
		□Remove	
-			□Change
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
			□Change
		□Add	
			□Remove
			□ Change
		□Add	
			□Remove
			Change

_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
lf an effe <u>Note:</u>	we date, if other than the date of filing: 10/4/2021 (optional) ctive date 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	Oct ber 4 2021
Dated _	
Dated _	In Jan D.
Dated _	Signature of a member or authorized representative of a member