Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H18000192528 3)))



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Division of Corporations

Fax Number : (850) 617-6383

From:

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Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BODACIOUS KAJUN CRABS, LLC

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Corporate Filing Menu

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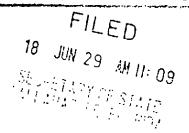
COVER LETTER

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c (Ib tr/ግ		OUS KAJUN CRABS, LLC				
SUBJECT: Name of Limited Liability Company						
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please reti	ım all correspo	ndence concerning this matter	to the following:			
		Cheyenne Moselcy				
			Name of Person			
		Legalzoom.com, Inc.				
Firm Company						
	101 N. Brand Blvd., 11th Floor					
Address						
		Glendale, ČA 91203				
	City/State and Zip Code					
		priciaprecious@yahoo.co		(m)		
			to he used for future amoual report notif	ication;		
For furthe	r inform a tion c	oncerning this matter, please or				
Cheyenne Moseley 800 773-0888 ext. 9724						
	Name o	f Person	Area Code Daytinx	: Telephone Number		
Enclosed	is a check for th	ne following amount:				
□ \$25.0¢	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is coclosed)		
	Registr	ING ADDRESS:	STREET/COURL Registration Section	n		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BODACIOUS KAJUN CRABS, LLC		
(Name of the Umited Linbility (A Florida Li	Company at it now appears on our records.) muted Liability Company)	
The Articles of Organization for this Limited Liability Con- Fiorida document number L18000099196		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Bodacious Kajun Crab, ULC		
The new name must be distinguishable and end with the words "Limite	ed 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 ADDRES	SS)	
		- <u>-</u>
•		
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, ss here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address	Enter Florida street address	
. <u> </u>	Flor	
	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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member					
Title	<u>Name</u>	Address	Type of Action		
			Add		
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			<u>.</u>		

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Pricia LaFrance
Typed or printed name of signer

Filing Fee: \$25.00