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(Requestor's Name)
(Address)
(Address)
(Crty/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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A. BUTLER SEP 26 2022

COVER LETTER

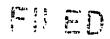
TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
OFF THE V	VALL CRABS 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	ndence concerning this matter	to the following:	
	Cassandra Davis		
		Name of Person	
	N/a		
		Firm/Company	·
	4846 N. University Dr. #1	115	
		Address	
	Lauderhill, FL 33351		
		City/State and Zip Code	
	info@bottomupoperations.		
		to be used for future annual report noti	(tication)
	oncerning this matter, please c	an:	
Kasmyhr Robles		at ()467-5255	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	re 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 Addres Registration S		<u>Street Address:</u> Registration Se	etion
Division of C		Division of Co	
P.O. Box 632		The Centre of T	•
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



OFF THE WALL CRABS LLC

2022 SEP 23 AH 10: 56

(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed 06/27/2018 and assigned
on Florida document number <u>L18000157579</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	red liability company here:
Scholar Enterprise LLC	
The new name must be distinguishable and contain the words "Limite	ted I iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6330 N. Andrews Ave. Unit 115
(Principal office address MUST BE A STREET ADDRE	ESS) Ft. Lauxlerdale FL 33309
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6330 N. Andrews Ave. Unit 115 Ft. Lauderdale FL 33309
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new regis
Name of New Registered Agent:	
Name of New Registered Agent: 6330 N	J. Andrews Ave. Unit 115
<u> </u>	N. Andrews Ave. Unit 115 Enter Florida street address
6330 N	Emer Florida sireet address

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>	<u>Name</u>	<u>Address</u>	Type of Action
Mgr	Cassandra Davis	6330 N. Andrews Ave. Unit 115 Ft. Lauderdale FL 33309	□Add
			□Remove
			N₁Change
			□Add
			□Remove
			□ Change
			□Add
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Filing Fee: \$25.00