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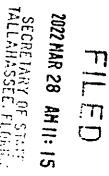
(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
	J. HORN	-
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
	CRABISLA	AND.COM.LLC		
SUBJE	CCT:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		JENNIFER H. COPUS, ES	SQ.	
			Name of Person	<u> </u>
		COPUS & COPUS, P.A.		
		-	Firm/Company	
		25 WALTER MARTIN RC	OAD NE, SUITE 200	
		-	Address	
		Fort Walton Beach, FLORI	DA 32548	
		JENNIFER@COPUSLAWO		
		E-mail address: (to be used for future annual report not	tification)
		oncerning this matter, please ca		
JENNI	FER H. COPUS, I	ESQ.	850 609-1433	
	Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclose	ed is a check for the	ne following amount:		
₹ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres	:«·	Street Address:	

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

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRABISLAND.COM, LLC		SECRETARALLAHA
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	FIL MR 28 NHASS
The Articles of Organization for this Limited Liability Compa Florida document number	any were filed on JUNE 26, 2018	And signed
This amendment is submitted to amend the following:		O
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		he 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 and/or the new registered office address here:	ce address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street 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 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
AMBR	WHITNEY MATHESON	4201 CANDLEWOOD LANE	_
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		MARVEL, TEXAS 77578	
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			D.C.
			Change
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Effective date, if ot	her than the date o	of filing:		(optic	onal)
Note: If the date inse	erted in this block doe	es not meet the appli	cable statutory filin	nore than 90 days after ig requirements, this	filing.) Pursuant to 605.0207 date will not be listed as
document's effective	date on the Departme	ent of State's record	S	-	
e record specifies a de rd is filed.	layed effective date.	but not an effective	time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
MARCH 24		2022			
Dated	· /	<u> </u>	·		
	MUSI Sienau	re of a member or aut	Duly norized representative	of a member	
JENNIFFI	R H. COPUS	Γ- <i>ι</i> Λ . Γ	·		
21/14/4/17/17		I JULAT.	047098	سنا-	