

L19000031299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

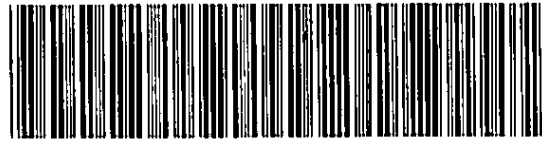
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/12/19--01019--012 **25.00

2019 APR 12 PM 9:12
Clerk of Court
Clerk of Court

APR 18 2019
Clerk of Court

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trap Crabs Seafood, LLC

Name of Limited Liability Company

2013 APR 12 AM 9:11
FILING SECTION

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shaniqua Stevenson, S

Name of Person

Trap Crabs Seafood, LLC

Firm/Company

6632 Hampton RD

Address

Pensacola, FL 32505

City/State and Zip Code

stvshaniqua@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shaniqua Stevenson, S

850 520-0620
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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**

Trap Crabs Seafood, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/30/2019 and assigned
Florida document number L19000031299.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

6632 Hampton RD

Pensacola, FL 32505

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7550 Berg St

New Orleans, LA 70128

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: Smith, Michael A. JR

New Registered Office Address: 13714 SW 90th Ave, APT E

Enter Florida street address

Miami

City

, Florida 33176

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>	<u>Type of Action</u>
AMBR	Michael A. Smith, JR	13714 SW 90TH AVE, APT E	<input type="checkbox"/> Add
		MIAMI, FL 33176	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	SHANIQUEA S. STEVENSON	6632 HAMPTON RD	<input checked="" type="checkbox"/> Add
		PENSACOLA, FL 32505	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I Shaniqua S. Stevenson affirm that I
am the Title manager and registered
agent of my company Trap Creek
Seafood, LLC.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated APRIL 8TH 2019



Signature of a member or authorized representative of a member

SHANIQUA S. STEVENSON

Typed or printed name of signee