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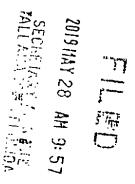
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## **COVER LETTER**

TO: Registration Division of	on Section f Corporations				
Juicy (	Crab Crestview LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Article	es of Amendment and fec(s) are submitted for liling.				
Please return all com	respondence concerning this matter to the following:				
	Chau Sau Chun				
	Name of Person				
Juicy Crab Crestview LLC					
	· Firm/Company				
	180 Cracker Barrel Dr				
	Address				
	Crestview, FL 32536  City/State and Zip Code juicycraberestview@gmail.com				
	E-mail address: (to be used for future annual report notification)				
For further informat	tion concerning this matter, please call:				
Joe Cartenuto	504 421-9905				
N	at ()  Jame of Person Area Code Daytime Telephone Number				
Enclosed is a check	for the following amount:				
\$25.00 Filing Fo	Tee □ \$30.00 Fiting Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status Certified Copy Certificate of Statu  Cadditional copy is enclosed) Certified Copy  (additional copy is encl				

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2061 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Juley Crab Crestview LLC		· <del></del>	
(Names of the Line	ited Liability Company as it (A Florida Limited Liability	now appears on our record Company)	<u>18.</u> )
ne Articles of Organization for this Limited I		iled on March 5, 2019	and assigned
orida document number L19000063180	-		
is amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name of	of the limited liability co	mpany here:	
e new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC	" or the abbreviation "L.L.C."
ter new principal offices address, if appli	cable:		<del> </del>
rincipal office address MUST BE A STRE	ET ADDRESS)		
	-		2019 SE
			HAY TI
ter new mailing address, if applicable:			(A) (A)
Mailing address MAY BE A POST OFFICE BOX)			
dan control of the			
If amending the registered agent and gistered agent and/or the new registered of		ddress on our record	$\rightarrow r_{m}$
	Chau Sau Chun		
Name of New Registered Agent:	Charles Charles		
New Registered Office Address:	180 Cracker Barrell Di		
		Enter Florida street addre:	35
	Crestview	Fl	lorida <u>32536</u>
	Cu	<u></u>	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.

f 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>	Address	Type of Action
MGR	Chau Sau Chun	)80 Cracker Barrel Dr	
		Crestview, Ft. 32536	■ Add
	,	Crestiew, 11, 525,00	□ Remove
			Change
MGR	Peter Yang	180 Cracker Barrel Dr	□ Add
	, 18	Crestview, Ft 32536	
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ffective date, if other than than effective date is listed, the date me	e date of filing		) 12:01 a.m.	(or	otional)	/ DE 0207
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Filing Fee: \$25.00