

L19000 063 180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

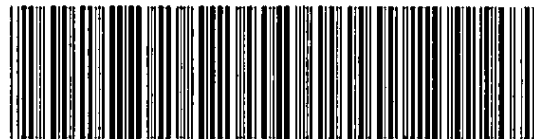
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400334353444

09/29/19--01014--015 •••••

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 SEP 23 PM 4: 18

Amund

OCT 10 2019
D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JUICY CRAB CRESTVIEW LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

CARRIE ZHONG
Name of Person
CLS BUSINESS CENTER INC.
Firm/Company
2 ALLEN ST UNIT 4G
Address
NEW YORK, NY 10002
City/State and Zip Code
CLSNYC3@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARRIE ZHONG at (212) 925-8366
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 SEP 20 PM 4:19

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JUICY CRAB CRESTVIEW 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 03/05/2019 and assigned Florida document number L19000063180.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
SECRETARY OF STATE
19 SEP 23 PM 1:18

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:

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>	<u>Type of Action</u>
AMBR	YANFENG HUANG	21711 73RD AVE #2	<input checked="" type="checkbox"/> Add
		OAKLAND GDNS, NY 11364	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHENG QUN HUANG	10916 US HWY 98 W STE A	<input checked="" type="checkbox"/> Add
		MIRAMAR BEACH, FL 32550	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JIA QIANG ZHANG	4216 AUGUSTA DR	<input checked="" type="checkbox"/> Add
		GULF SHORES, AL 36542	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	YI LAN LIU	35 MARKET ST APT 3C	<input checked="" type="checkbox"/> Add
		NEW YORK, NY 10002	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DE DONG LIU	504 TIKELL DR	<input checked="" type="checkbox"/> Add
		CRESTVIEW, FL 32536	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WANG YANG	2418 S WENTWORTH	<input checked="" type="checkbox"/> Add
		CHICAGO, IL 60616	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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	ZHI TAO ZOU	3152 137TH ST	<input checked="" type="checkbox"/> Add
		FLUSHING, NY 11354	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUN SHENG ZHANG	3508 ST IVES BLVD	<input checked="" type="checkbox"/> Add
		SPRING HILL, FL 34609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LI BIN CHEN	228 CITADEL LN	<input checked="" type="checkbox"/> Add
		CRESTVIEW, FL 32539	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

