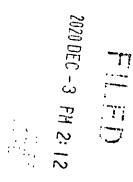
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(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	 -
(Cı1	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



09/04/20--01024--022 **30.00



CD (1971)

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	rabby's Oyot	en Bar, Lic	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspor	dence concerning this matter	to the following:	
	Denis	e Pulley	
	Crabb	ys Dyster Bay	LLC.
	1868	Ne Jensen Be	ach_
	Jense denise (n Beach Fl City/State and Zip Code Crabbys cyster to be used for future Innual report notif	barjensen.com
For further information co	ncerning this matter, please co		3 1
Jeffery A	Person	at (11) Area Code Daytime	1016 772 285-122 3 e Telephone Number
Enclosed is a check for the	e 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 Address: 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

Crabbi	is Ouster	Bar, Lic		
(Name of the Limited. (A	Liability Company Florida Limited Li	y as it now appears on oability Company)	our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L 19000 1104</u>		vere filed on <u>4</u>	23/2019	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ie limited liabil	ity company here:		
The new name must be distinguishable and contain the word	ls "Limited Liabilit	y Company," the design:	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET,	<u> 4DDRESS)</u>			920 [
Enter new mailing address, if applicable:				-3
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			N 7
B. If amending the registered agent and/or registered and/or the new registered office address by Name of New Registered Agent: New Registered Office Address:	<u>iere</u> :	enise Pulle Le Jensen	ds, enter the nam Y Beach	Be of the new registered
New Registered Office Address.	Jensen	Enter Florida si Beach City	reet address , Florida	34957 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 Type of Action Title Name Address MGRM ____ □Change 3140 Ne Pinecuest Lakes Blud. Anda Devise Pulley MGRH _____ □Change __ □Add _____ □Remove □Remove ☐ Change □ Remove

_____ □Change

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Filing Fee: \$25.00