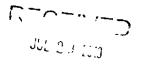
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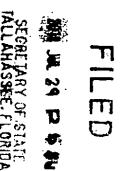
Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
CUDI		CRAB OF ALTAMONTE SPR	INGS LLC	
SUBJ.	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		LAM CHENG		
		 	Name of Person	
		LTOLESCE ATLANTICS	Firm/Company	
1701 EAST ATLANTIC AVENUE				
		POMPANO BEACH, FL	Address 33060	
		CICI@STONEINTL.NET	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca	all:	
LAM	CHENG		at () 442-6838 Area Code Daytime	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclos	sed is a check for th	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 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

CRAFTY CRAB OF ALTAMONTE SPRINGS, LLC

FILED

Ţ.

(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 SECRETARY OF AND ASSIGNED 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." 300 S. STATE ROAD Enter new principal offices address, if applicable: ALTAMONTE SPRINGS, FL 32719 (Principal office address MUST BE A STREET ADDRESS) 130 N WEATHERSFIELD AVE Enter new mailing address, if applicable: ALTAMONTE SPRINGS, FL 32714 (Mailing address MAY BE A POST OFFICE BOX) 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:

Enter Florida street address

CUTLER BAY

City

______, Florida 33157
Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

10400 SW 186TH STREET

MARIA SANTIN

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
AP	TODD MARRAZZO	1701 EAST ATLANTIC AVE POMPANO BEACH, FL 33060	
			■ Remove
			Change
AP	LAM CHENG	POMPANO BEACH, FL 33060	Add
			■ Remove
			□ Change
AMBR	SHING RYAN CHENG	7501 MILLER DRIVE MIAMI, FL 33155	
		-	☐ Remove
AMBR	ZHUANGHONG LIN	130 N WEATHERSFIELD AVE ALTAMONTE SPRINGS, FL	
			Remove
			Change
AMBR	JIN CHEN	130 N WEATHERSFIELD AVE ALTAMONTE SPRINGS, FL	
			□ Remove
			Change
			□ Remove
			□ Change

	
Note:	ive date, if other than the date of filing:
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	·
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00