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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 1 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CRAFTY CRAB OF ALTAMONTE SPRINGS 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:

LAM CHENG

Name of Person

Firm/Company

1701 EAST ATLANTIC AVENUE

Address

POMPANO BEACH, FL 33060

City/State and Zip Code

CICI@STONEINTL.NET

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

For further information concerning this matter, please call:

LAM CHENG

305 942-6838

at ()

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

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

CRAFTY CRAB OF ALTAMONTE SPRINGS, LLC

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

FILED

2019 JUL 29 P 5 04

The Articles of Organization for this Limited Liability Company were filed on 05/23/2019 and assigned
Florida document number L19000139312 **SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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)

300 S. STATE ROAD

ALTAMONTE SPRINGS, FL 32719

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

130 N WEATHERSFIELD AVE

ALTAMONTE SPRINGS, FL 32714

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:

MARIA SANTIN

New Registered Office Address:

10400 SW 186TH STREET

Enter Florida street address

CUTLER BAY

City

, Florida 33157

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.

Maria Santin
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>
AP	TODD MARRAZZO	1701 EAST ATLANTIC AVE POMPANO BEACH, FL 33060	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	LAM CHENG	1701 EAST ATLANTIC AVE POMPANO BEACH, FL 33060	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHING RYAN CHENG	7501 MILLER DRIVE MIAMI, FL 33155	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ZHUANGHONG LIN	130 N WEATHERSFIELD AVE ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JIN CHEN	130 N WEATHERSFIELD AVE ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 _____

Shing R. Cheng
of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Shing R. cheng

Typed or printed name of signee