

L19000292928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

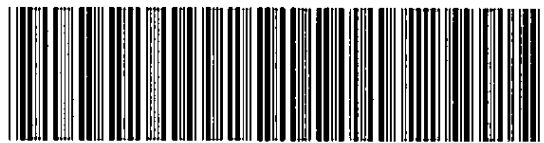
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600368006096

06/22/21--01021--016 \*\*30.00

2021 JUN 22 AM 8:19  
TALLAHASSEE, FL

10:11 PM

BY BRUCE  
JUL 16 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE KING CRAB SHACK MILLINIA 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:

TAM NGO

Name of Person

Firm/Company

1394 W WINDPOINTE CIR

Address

MEQUON, WI 53092

City/State and Zip Code

THANHTAM4H2@YAHOO.COM

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

For further information concerning this matter, please call:

ANH VU

407

221-5680

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2021 JUN 22 AM 8:19  
TALLAHASSEE, FL

677 770

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

THE KING CRAB SHACK MILLINIA 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 11/27/2019 and assigned  
Florida document number L19000292928.

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)

**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*

*City*

*Florida*

*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>
P	NGO, TAM	1394 W WINDPOINTE CIR, MEQUON	<input checked="" type="checkbox"/> Add
		WI 53092	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	NGUYEN, TY NGOC	1520 W HIDDEN RIVER DR, MEQUON, WI 53092	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	TRAN, ANH DINH	9670 PICTOU CT	<input checked="" type="checkbox"/> Add
		LAS VEGAS, NV 89148	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NGO, TAM	4192 CONROY RD	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32839	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRAN, ANH DINH	4449 OKEECHOBEE BLVD	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 JUN 22 AM 8:19  
ST. JOHN'S UNIVERSITY  
TALLAHASSEE, FL

4-1-2021

2021 JUN 22 AM 8:19  
ECHO OF MASS INC. AIE  
TALLAHASSEE, FL

2021 JUN 22 AM 8:19  
FBI - TAMPA  
TALLAHASSEE, FL

75

(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 6/14/21 2021

2021

\_\_\_\_\_

Thankh

Signature of a member or authorized representative of a member

Tam Ngo

Typed or printed name of signee

**Filing Fee: \$25.00**