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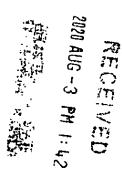
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Centificates of Status Special Instructions to Filing Officer:					
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CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Blue Crab Developme	ent Group LLC		
			
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			Art of Inc. File
			 LTD Partnership File
			 Foreign Corp. File
			 L.C. File
			 Fictitious Name File
			 Trade/Service Mark
			 Merger File
			 Art, of Amend. File
			 RA Resignation
			 Dissolution / Withdrawal
			 Annual Report / Reinstatement
			 Cert. Copy
			 Photo Copy
			 Certificate of Good Standing
			 Certificate of Status
			 Certificate of Fictitious Name
			 Corp Record Search
			 Officer Search
			 Fictitious Search
Signature			 Fictitious Owner Search
U			 Vehicle Search
		· -	 Driving Record
Requested by: SETH	07/31/20		 UCC 1 or 3 File
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			 UCC 11 Retrieval
Walk-In	Will Pick Up _		 Courier

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	BLUE CRAB DE	VELOPMENT GROUP, LLC						
	Name of Lim	ited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.						
Please return all corresp	ondence concerning this matter	to the following:						
	CHARLES T	. DOUGLAS, JR						
		Name of Person	rerson GROUP, LLC Apany JE SS 177 Zip Code (FRS.COM Are annual report notification) A 673-2188 Code Daytime Telephone Number Ling Fee & Copy Certificate of Status & Certified Copy (additional copy is enclosed)					
	BLUE CRAB DE	VELOPMENT GROUP, LLC						
		Firm/Company	·					
	1301 ST. I	IOHNS AVENUE						
		Address	·					
	PA	PALATKA, FL 32177						
		City/State and Zip Code						
		IE@DHCLAWYERS.COM						
	E-mail address: (to be used for future annual report not	ification)					
For further information (concerning this matter, please c	all:						
CHARLES T. DOUGL	AS, JR							
Name (of Person	at () Area Code Daytime Telephone Number						
Enclosed is a check for t	he following amount:							
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy					
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Division of Co The Centre of	rporations Fallahassee be Street, Suite 810					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE CRAB DE	VELOPMENT GROUP, LLC	
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C	Company were filed on12/14/20	19 and assigned
Florida document number L19000296648	<u></u> .	_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designatio	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	2020 SEC TA
Enter now mailing and a second second		AUG-3
Enter new mailing address, if applicable:		m s m
(Mailing address MAY BE A POST OFFICE BOX)		8:57 8:57 8:57 8:57
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records,	enter the name of the new registered
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>	Name	Address	Type of Action
MGR.	KEITH M. FRAZIER	1045 OAKVALE ROAD	□Add
		SAINT JOHNS, FL 32259	■Remove
			Change
MGR.	BETHANY A. DOUGLAS	1060 OAKVALE ROAD	= Add
		SAINT JOHNS, FL 32259	□Remove
			□Change
			□Add
			Remove SECOND Change
			AR BY STATE
			rri → □Change
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			□ Change

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Filing Fee: \$25.00