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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

MRS. BILLY'S STONE CRAB HOLLYWOOD LLC SUBJECT: \_ 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: Ira R. Shapiro Name of Person Ira R. Shapiro P.A. Firm/Company 16375 NE 18 Avenue, Suite 225 Address North Miami Beach, FL 33162 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & S25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF - DC - FE 5: 55

MRS. BILLY'S STONE CRAB HOLLYWOOD 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 January 2, 2020 and assigned
Florida document number L20000001196	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
MRS. BILLY'S STONE CRAB HOLLYWOOD INVESTMENTS LI	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1151 SW 156 Avenue
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines. FL 33027
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1151 SW 156 Avenue
	Pembroke Pines, FL 33027
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	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

Title	<u>Name</u>	Address (**) (** *** 5: 55	Type of Action
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date te: If the date inserted in this block does not meet the applicable stument's effective date on the Department of State's records.	
cord 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
s filed.	
ed October 9 2010	

Filing Fee: \$25.00

Typed or printed name of signee