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COVER LETTER

	ration Sec on of Corp		•		
	ırimp Basl	ket Holdings, LLC			
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed Ar	rticles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all	correspor	ndence concerning this matter	to the following:		
		Mitchell Goff			
		-	Name of Person		
		Shrimp Basket Holdings, L	LC		
			Firm/Company		
		201 N New York Avenue			
			Address		
		Winter Park, FL 32708		<u></u>	TXE
			City/State and Zip Code	19 HAY	
		mgoff@triloma.com	to be used for future annual report notification)		
		•	•	22	
For further infor	mation co	oncerning this matter, please ca	ali:	P	7
Mitchell Goff			407 267-3513 at ()	AM II: 07	7.
	Name of	Person	Area Code Daytime Telephone Number	07	CUA-CRATIONS
Enclosed is a ch	eck for th	e following amount:			
■ \$25.00 Filin	ıg Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
	g Address tration S		Street Address: Registration Section		

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shrimp Basket Holdings, LLC		2	8
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co		2020 and assigned	Ф
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
Shrimp Basket Restaurants, LLC			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)		
	 		
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our recor	ds, enter the name of the new reg	 zisterec
Name of New Registered Agent:			
Nam Banistanud Office Address:			
New Registered Office Address:	Enter Florida s	reet address	
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered	d Agent:		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence accept the obligations of my position as registered ageing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my gent as provided for in Chap ed office address, I hereby co	duties, and I am familiar with an ster 605, F.S. Or, if this documen	ıd

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e	tive date, if other than the date of filing: (optional) ffective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco	ord 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 filed.
Date	May 21 . 2020.
	Signature of a member or authorized representative of a member
	Michael Wood Typed or printed name of signee

Filing Fee: \$25.00