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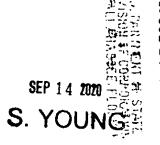
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COVER LETTER

TO:

O: Registration S Division of Co						
SUBJECT: RE	ed Walters	Krab Shack	LLC.			
<u></u>	Name of Limi	ted Liability Company				
The Enclosed Articles o	f Amendment and fee(s) are subt	mitted for filing.				
lease return all corresp	oondence concerning this matter (to the following:				
	Walter	Brown				
		Name of Person				
		Firm/Company				
	21 Marina	Terrace				
		Address				
	Treasure =	Island Florida	33706			
	10000 75	TS land Florida City/State and Zip Code Dhotmail COM to be used for future annual report noti				
	E-mail address: (to be used for future annual report noti	fication)			
For further information	concerning this matter, please c	all:				
is) a Her	Brown	at (2/6) 2/4- Area Code Daytim	1941			
Name	e of Person	Area Code Daytim	ne Telephone Number			
Enclosed is a check for	the following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>Mailing Addi</u>		Street Address:				
Registration Section Division of Corporations		Registration Se Division of Co				
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
rananassee	, 1 1. 32314	Tallahassee, FI				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Red Walters Kra	ah Shack //C	発言し
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	· ·
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{\dot{b}/26/2020}{}$	and assigned
Florida document number <u>L20000/79/68</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		·
Enter new mailing address, if applicable:		1
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>-</u> :
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 nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
·	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 heing 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 amending	g Authorized Person(s) authorized to m from our records:	anage, enter the title, name, and address of eac	h person being added
MGR = N	· · · · · · · · · · · · · · · · · · ·		
Title	Name	Address	Type of Action
MBR	Carmen N. Preston	21 Marina Terrace Treasure Island, Florida 33	□Add
		Treasure Island, Florida 35.	706 DRemove
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			OAdd
			': ☐ □Remove
			□Change
	,		Remove
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m effective dat	if other than the is listed, the date more inserted in this because date on the I	ust be specific and block does not re	leannot be pricate the appli	icable statutory	g or more than ^e	(option: 0 days after fili ements, this da	ing.) Pursuant to 6	05,020 isted a
	es a delayed effecti				a.m. on the ea	irlier of: (b)	The 90th day at	ier the
is filed.		-	2020	9				
	<u> 7/85</u>	<u></u>	, <u>ecore</u>	 '				
is filed.	7/22	/n/a	the I	thorized represer	The second secon	>		