L20000182198

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SECRETARY OF STATE
SECRETARY SEE, FL

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COVER LETTER

		stration Sect ion of Corpo				
CUBICO		Krabby Bills	Seafood	•		
SUBJEC	.1; ,		Name of Lim	iited Liability Company		
The enclo	osed .	Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please ret	um a	ill correspond	dence concerning this matter	to the following:		
			Leslie Tar			
				Name of Person	_	
			Leslie Tar, Esq, LLC			
				Firm/Company	· - ·· · · · ·	
			22226 Westchester Blvd			
				Address		
			Port Charlotte, FL 33952			
				City/State and Zip Code		
			E-mail address: (to be used for future annual	report notification)	
For furthe	r inf	ormation con	cerning this matter, please ca	all:		
Leslie Tai	r			941 445 at ()_	5-6017	
		Name of P	erson	Area Code	Daytime Telephor	ne Number
Enclosed i	is a c	heck for the	following amount:			
≅ \$25.0€	0 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

Krabby Bills Scafood, LLC

2020 OCT 20 AMII: 47

(Name of the Limited Liability Company as it now appears SEOREGARY OF STATE
(A Florida Limited Liability Company)

TALLAHASSEE. FL

The Articles of Organization for this Limited Liability Com	npany were filed on 06/29/2020	and assigned
Florida document number L20000182198		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Capt Bills Hot Delicious Seafood, LLC		
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 ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	ffice address on our records, <u>en</u>	ter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street ad	dress
		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.

ľſ	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	Type of Action
			□Add
			□Remove
		-	□ Change
	_		□Add
			□Remove
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Effective date, if other than the	date of filing: $\frac{08/01/202}{}$		(optional)	
f an effective date is listed, the date mus Note: If the date inserted in this bl	t be specific and cannot be pri	or to date of filing or mor	e than 90 days after filing)	Pursuant to 605.0207
document's effective date on the De	epartment of State's record	ls.	requirements, this date v	will not be listed as
e record specifies a delayed effectiv	e date, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) The	90th day after the
rd is filed.				
September 11 Dated	2020			
Dated	,	· · · · ·		
	Tan			
 	Signature of a member or aut	horized representative o	f a member	1000
Leslie Tar				
LCSHC 1 at				