Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000251584 3)))



H200002515843ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

fax Number : (850)617-6383

From:

Account Name : CPLUSA TAX & ACCOUNTING INC

Account Number : I20190000090 Phone : (718)854-1989 Fax Number : (718)854-1947

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RED CRAB MELBOURNE LLC

S TALLENT

JUL 3 1 2020

Certificate of Status	0
Ccrtified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help



## HP LASERJET FAX

12019959309

p.05 11200002313873

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)	
y were filed on JULY 7, 2020	and assigned
bliity company here:	
nility Company," the designation "LLC" or t	he abbreviation "LL.C."
425 E EAU GALLIE BLVD	
MELBOURNE FL. 32937	. 70
425 F FALLGALLIE BL VD	30
	<u> </u>
MELBOURNE PL. 32937	
	<u></u>
e address on our records, <u>enter the</u>	name of the new regist
Farm Florida stant uddensy	
, Florid	a
	bility company here:  sility Company," the designation "LLC" or to 425 E EAU GALLIE BLVD  MELBOURNE FL 32937  425 E EAU GALLIE BLVD  MELBOURNE FL 32937  e address on our records, enter the Enter Florida street address

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

07/31/20: 01:33AM HP LASERJET FAX 12019959309 p. 04

An amending Authorized reison(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	Name	Address	Type of Action
			□Add
			□Remove
			□Change
<del></del>			□Add
			□ Change
	<del></del>	***************************************	C]Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			☐ Change
			D∧dd
		<u> </u>	□Remove
			Change
	***************************************		
			□Remove
			☐ Change
<u> </u>			□Add
		The state of the s	ПRеточе
			Change.

Page 2 of 3

959309 H200002515843

3 M March 1997 (1997)				
				<del></del>
**************************************				
				<del></del>
	·	ria )		
18 Part   18 Par				<del>,,,</del>
ective date, if other than the d	ate of filing:		(optional)	(0.5.0
a effective date is listed, the date must be tee. If the date inserted in this block	e specific and cannot be prior to k does not meet the applical	o date of filing or more the ble statutory filing requ	in 90 days after thing.) Pursus hirements, this date will no	ot be listed
sument's effective date on the Dep	artment of State's records.			
				مالسمم
record specifies a delayed The 90th day after the reco	effective date, but not	an effective time,	at 12:01 a.m. on th	e carne
He soul day after the reco	a 13 maa,			
JULY 17 ted	2020			
.eu	* * *			
20	il IIM	<u> </u>		
	signature of a member or author	rized representative of a r	nember	

Page 3 of 3

Filing Fee: \$25.00

H200002515843