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(Requestor's Name)
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PICK-UP WAIT MAIL
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## COVER LETTER

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CHD ITCT.	CRAB DU JOUR MIAMI LLC					
SUBJECT:		Name of Lim	ited Liability Company	<del></del>		
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.			
		ndence concerning this matter				
		QUAN LING FU				
			Name of Person	<del></del>		
			Firm/Company			
			гить/Сотрану			
		9240 SOLSTICE CIR				
			Address			
		PARKLAND, FL 33076				
			City/State and Zip Code	20		
		KALIACCT@YAHOO.CO		20 S		
For further	info <del>r</del> mation c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notification	2020 SEP -8 SECKLIAN		
			646 6678213			
QUAN LIN			at ()	<u> </u>		
	Name o	f Person	Area Code Daytime Telepl	hone Number 5: 40		
Enclosed is	a check for th	ne following amount:				
<b>■</b> \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	ailing Addres		Street Address: Registration Section			
Registration Section Division of Corporations			Division of Corporations			
P.	O. Box 632	.7	The Centre of Tallaha			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRAB DU JOUR MIAMI LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.20000242501	were filed on AUG 11TH, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</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 na	me of the new register
Name of New Registered Agent:	<u></u>	A
New Registered Office Address:	Enter Florida street address	000 A 0
	, Florida_	
<del></del>	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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	QUAN LING FU	9240 SOLSTICE CIR	
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ective date, if other than the offective date is listed, the date must	be specific and cannot be prior to	o date of filing or more	than 90 days after f	iling.) Pursuant to 60:	5.020
te: If the date inserted in this blo cument's effective date on the De	ck does not meet the applicat partment of State's records.	ble statutory filing re	quirements, trus	gate will not be us	ica a
cord specifies a delayed effective	date, but not an effective tim	ne, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after	er th
is tīled.					
ted AUG 31ST	2020				
<u> </u>					
<u></u>	Signature of a member of author	ized representative of	ı member		
	agnature of a member of author				