## LZ1000094735

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## **COVER LETTER**

TO: Registration Se Division of Cor			
	SHAKING CRAB	SEAFOOD & PHO, LLC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		STEVEN A. RAMUNNI	
		Name of Person	<del></del>
	S	FEVEN A. RAMUNNI, P.A.	
		Firm/Company	·
		P.O. BOX 1118	
		Address	<del> </del>
		LABELLE, FL 33975	
	<del></del>	City/State and Zip Code	
		steve@sramunnipa.com	
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report not all:	ineation)
STEVEN A	. RAMUNNI	863 230-2268 at ( )	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration So Division of Co The Centre of	rporations
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHAKING CRAB SEAI	FOOD & PHO, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records Liability Company)	2)
The Articles of Organization for this Limited Liability Company	were filed on02/25/2021	and assigned
lorida document number L21000094735		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ان یا
(Principal office address MUST BE A STREET ADDRESS)		5
		100
		<u> </u>
Enter new mailing address, if applicable:		<del> </del>
Mailing address MAY BE A POST OFFICE BOX)	uiling address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regis
gent andror the new registered office address here.		
Name of New Registered Agent:		<del>_</del>
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Fla	rida
	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>	Address	Type of Action
MGRM	CHRIS VU	6848 EAGLE STEET	<b>≣</b> Add
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Affective date, if other than the date of filing an effective date is listed, the date must be specific an Note: If the date inserted in this block does not a locument's effective date on the Department of	d cannot be prior to date of filing or more that meet the applicable statutory filing requ		g.) Pursuant to 6	
/ /	A series of Committee and Advanced to A 1000 to the series of the	e earlier of: (b) T	he 90th day af	ter the
	of an effective time, at 12:01 a.m. on the			
	of an effective time, at 12:01 a.m. on the			
d is filed.	2021			
d is filed.				
Dated	. 2021			
d is filed.  JUNE 14		nember		