## 123000130185

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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06/20/23--01033--009 \*\*25.00

S. FRANKLIN

AUG 0 7 2023

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
SUBJECT:	CRAB ISLAND SPOR	TSWEAR LLC '	r
SOBJEC 1:	Name of Lin	nited Liability Company	<del></del>
•			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ROB	ERT A PHILLIPS	
	Certificate of Status  (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address:  Street Address:  Registration Section		
	CRAB IS	LAND SPORTSWEAR LLC	
		Firm/Company	
	150	INDUSTRIAL PARK RD, 8	
	····	Address	
		DESTIN FL 32541	
	****	City/State and Zip Code	
		•	
	E-mail address: (	to be used for future annual report no	tilication)
For further information c	oncerning this matter, please c	all:	
ROBERT A I	PHILLIPS		
Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			ection
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallalussee 1	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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2023 and assigned
on "LLC" or the acbreviation "L.L.C."
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i i i
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enter the name of the new regist
1 address
, Florida 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SPENCER PHILLIPS	150 INDUSTRIAL PARK RD, DESTIN FL 32541	<b>=</b> Add
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			□Change
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ective date, if other than the dat	te of filing:		(optional)	
n effective date is listed, the date must be te: If the date inserted in this block	does not meet the applical	date of filing or more than ale statutory filing requi	ements, this date will not	be listed a
tument's effective date on the Depar	tment of State's records.			
cord specifies a delayed effective da	to but not an affactive tin	os at 12:01 a m. an the c	arlier of (b) The 90th d	ay after the
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Typed or printed name of signee