L24 000 345 299



(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:

Office Use Only



200437781562

121 3 The Section 18 -- 12 18 46 1

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	•		
Crave Boca SUBJECT:	a LLC		
	Name of Limi	ited Liability Company	
SUBJECT: Name of Limited Liability Company			
Please return all correspo	ondence concerning this matter	to the following:	
	Moeen Khalil		
		Name of Person	
	Crave Boca LLC		
		Firm/Company	Daytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Address: tration Section
	Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Moeen Khalii		
		Address	
	Delray Beach FL 33445		
		City/State and Zip Code	
		o be used for future annual report r	otrfication)
For further information c		·	
Moeen Khalil		1 56154353	92
Name o	t Person	Area Code Day	time Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Section	Registration !	Section
Division of C	orporations	Division of C	orporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crave Boca LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number L24000345299	were filed on 8/6/2024	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
eeKaBoo Boca LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:	601 N Congress Ave Stye 410	
Principal office address MUST BE A STREET ADDRESS)	Delray Beach FL 33445	;
		:
nter new mailing address, if applicable:	601 N Congress Ave Ste 410	, :
Mailing address MAY BE A POST OFFICE BOX)	Delray Beach FL 33445	<u> </u>
		i ⁻ ,
. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the</u>	name of the new regis
New Registered Office Address:	Enter Florida street address	
	. Floric	da
	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
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			Change
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			П <i>с</i>

		- "		
				
				_
				
·				
		· · · · · · · · · · · · · · · · · · ·		
			<u> </u>	
ffective date, if other than the an effective date is listed, the date mus	date of filing:		(optional)	
an effective date is listed, the date mus ote: If the date inserted in this blo	t be specific and cannot be prio	to date of tiling or more than	90 days after filing.) Pursuant to ements, this date will not be	605.0207 (listed as t
ocument's effective date on the De	epartment of State's records		ements, this date will not be	nsted as t
record specifies a delayed effective	e date, but not an effective t	ime, at 12:01 a.m. on the e	arlier of: (b) The 90th day a	ifter the
l is filed.				
October 14th	2024	1 1		
ated	Times -	_//		
	110000	/ .		
- /	Simplified of a mambar or dith	orized representative of a me	nhar	

Filing Fee: \$25.00

Typed or printed name of signee