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SUCKSTARY OF STAINSALLS

JAN 17 2017 C LEWIS

COVER LETTER

TO: Amendment Section

Division of Corpo	orations			
NAME OF CORPOR	RATION: Cr	ab Stop (of Miami 28	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
	spondence concerning this ma			
	,pog	to the tone wing,		
	Barb	ara BeAS Name of Contact Person	 1	
	5001	NW 179S+		
	miami 90	Address Flor	ila 33055	
	_	City/ State and Zip Code	2	
	ofebetts @	gmail, com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Barbo	ira Betts	at (786	253 177 & de & Daytime Telephone Number	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made j	payable to the Florida Depa	rtment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ling Address		Address	
Amendment Section		Amendment Section Division of Corporations		
Division of Corporations P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

Fig. LEC GEORETARY OF STATE DIVISION OF CORPORATIONS

Crab Stop 01	F Miami, Inc 2017 JAN 13 AM 10: 46
	s currently filed with the Florida Dept. of State)
P120000	36828
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statista Articles of Incorporation:	stutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corpo	ration:
	N/A The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N//*
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>ss</u>) /
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	<u>~~~~</u>
	(Florida street address) N/A
New Registered Office Address:	(City), Florida (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent:
Thereby decept the appointment as registered agent. Tan	Tyanina with and accept the congations of the position.
	NA
Signatur	e of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u></u>	Barbara Betts	5001 NW 179 St
Add Remove			<u>miami gardens</u> Florida 33055
2) Change Add			
Remove 3) Change			
Add			
Remove 4) Change			
Add			
5) Change			
Add			
6) Change			
Add Remove			

Attach additional sheets, if necessary).	(Ra chanitia)	
	(Be specific)	N/A
		10 / 42
		ation and all the actions of the same
If an amendment provides for an exclusions for implementing the ame	hange, reclassific	cation, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassificendment if not co	ation, or cancellation of issued shares, ntained in the amendment itself:
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassific endment if not co	ontained in the amendment itself:
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The date of each amendment(s) adoption:				; if or	her than the
date this document was signed.			SCORETARY OF STATE		
Effective date <u>if applicable</u> :	(no more than 0	O days after ame	ndment file date)	2017 JAN 13	AM 10: 47
•	(no more than >	o aays after ame	iumeni jile uule)	EGIT SAR TO	74710
Note: If the date inserted in this block does not document's effective date on the Department of St		cable statutory fil	ing requirements, thi	s date will not be	listed as the
Adoption of Amendment(s) (CHE	CK ONE)				
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☐ The amendment(s) was/were approved by the s must be separately provided for each voting grant to the separately gr				tement	
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by(voting					
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☐ The amendment(s) was/were adopted by the ineaction was not required.	corporators with	out shareholder a	action and shareholde	г	
Dated 1/9/17		·			
	20				
Signature(By a director, preside	ede S				
(By a director, preside selected, by an incorp					
appointed fiduciary b					
	Barbara	Bells			
(T;	yped or printed	name of person s	igning)		
	Secretar				
	(Title	of person signing)		