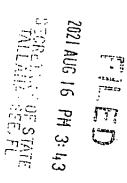
## P19000069063

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A. Butler 8120121

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Cajun Crab Hut, In	nc.			
DOCUMENT NUN	IBER: P19000069063		<u>.</u>		
	s of Amendment and fee are su	ibmitted for filing.			
Please return all corr	espondence concerning this ma	atter to the following:			
	Lifang Li				
	Name of Contact Person				
	<del></del>	Firm/ Company			
	2125 US Highway 1 South				
	St. Augustine, FL 32806	Address			
		City/ State and Zip Cod	e		
	llkim646@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, plea	se call:			
Lifang Li		at ( <u>646</u>	639-0393		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

FILED

	Cajun Crab Hut,	Inc.	2021 AUG 16 DV 0
(Name o	of Corporation as currently file	d with the Florida	
	P1900006906	3	STORE WELL OF STATE
	(Document Number of Cor	ooration (if known)	MULAL POSEE, FL
rsuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this <i>Flori</i>	da Profit Corporat	ion adopts the following amendment(
If amending name, enter the new na	ime of the corporation:		
			The new
me must he distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,"	Corp," "Inc," or "Co". A pro	any," or "incorpord fessional corporat	ated" or the abbreviation "Corp.," ion name must contain the word
Enter new principal office address, Principal office address <u>MUST BE A S</u>			
	_		<u> </u>
	_		
Enter new mailing address, if appli	cable:		
(Mailing address MAY BE A POST			
		<del></del>	
If amending the registered agent an new registered agent and/or the new		n Florida, enter th	e name of the
Name of New Registered Agent	Lifang Li		
Name by New Negatered rigent	2125 US Highway 1 South		
	(l·lorida street ad	(dress)	
New Registered Office Address:	St. Augustine		. Florida 32086
	(City)		(Zip Code)
	• '		·
ew Registered Agent's Signature, if c	hanging Registered Agent:		
ereby accept the appointment as regist	ered agent. I am familiar with a	nd accept the oblig	gations of the position.
	<i>,</i> .		
<del></del>	Signature of New Registe	ered Agent, if chan	ging

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>∨</u> Mike	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Р	Guiqin Liang	2125 US Highway 1 South
Add X Remove			St. Augustine, FL 32086
Kemove 2) Change	P	Lifang Li	2125 US Highway I South
X Add			St. Augustine, FL 32086
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets,	additional Artic , if necessary).	(Be specific)				
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<u>.                                    </u>						
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		-				
					<del></del>	
<del></del>						
		<del></del>	<u>.</u>			
an amendment provi	des for an exch	ange, reclassific	ation, or cance	llation of issued	<u>shares.</u>	
rovisions for implem	enting the amer	idment if not co	ntained in the	amendment its	e <u>lf:</u>	
(if not applicable, i	indicate N/A)					
	<del></del>					
						<del></del>
				<u> </u>		
						-

.

The date of each amendment(s) ac	loption:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	; will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were addaction was not required.	pted by the incorporators, or board of directors without shareholder action	ı and shareholder
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	)
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	11
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
, <del></del>	(voting group)	
Dated	1212021	
Classitura	/ 9- \	
(By a d	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Clyped or printed name of person signing)	
	President OWNEY (Title of person signing)	
	(Title of person signing)	