

LO8000058877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

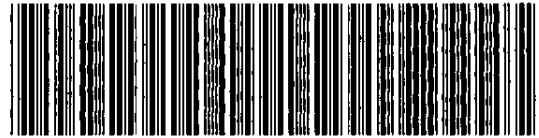
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

DEC 30 2009

EXAMINER

*Law Offices*  
GEOFFREY M. WAYNE, P.A.  
*Suite 330*  
*2929 S.W. Third Avenue*  
*Miami, Florida 33129-2710*

*Telephone 305.381.8108*  
*Facsimile 305.381.8109*

GEOFFREY M. WAYNE

gmw@abogadomiami.com

www.abogadomiami.com

December 28, 2009

SENT VIA FEDERAL EXPRESS

Division of Corporations  
Registration Section  
Clifton Bldg.  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: **Hoshi Sushi & Bar, LLC**  
**New Name: Tsuki Sushi & Bar, LLC**

Dear Sirs:

Enclosed please find the following documents regarding the above captioned company:

1. Completed and executed form for Articles of Amendment to Articles of Organization (name changed to Tsuki Sushi & Bar, LLC)
2. Our firm's check No.: 9706 in the amount of \$25.00 to cover the filing fee;
3. Self-addressed Federal Express envelope for return

Please return the pertinent documents in the enclosed Federal Express Envelope provided.

Should you have any questions, please do not hesitate to contact our office.

Sincerely yours,

GEOFFREY M. WAYNE, P.A.

  
Maggie Feagle

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Hoshi Sushi & Bar, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Geoffrey M. Wayne

Name of Person

Geoffrey M. Wayne P.A.

Firm/Company

2929 S.W. Third Avenue, Suite 330

Address

Miami, FL 33129

City/State and Zip Code

wenceljo@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maggie Fleagle

Name of Person

at ( 305 )

381-8108

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Hoshi Sushi & Bar, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 16, 2008 and assigned  
Florida document number L08000058877.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Tsuki Sushi & Bar, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 DEC 29 AM 10:52

Dated December 28, 2009

Signature of a member or authorized representative of a member

Wencel Gonzalez-Capriles

Typed or printed name of signee