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COVER LETTER

Division of Corp	porations		
TSUNAMI SUBJECT:	SUBS LLC		
	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	SCOTT HERMAN		
		Name of Person	
		Firm/Company	
	109 S. STATE ROAD 7		
		Address	
	ROYAL PALM BEACH, F	L 33414	
		City/State and Zip Code	
	scottherman721@yahoo.com		
	`	o be used for future annual report notifica	tion)
For further information co	oncerning this matter, please cal	11:	
SCOTT HERMAN		561 281-4002 at ()	
Name of	Person	Area Code Daytime To	elephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I SUNAMI SUBS LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on ourida Limited Liability Company)	records.)
he Articles of Organization for this Limited Liability lorida document number	y Company were filed on	and assigned
his amendment is submitted to amend the following	;	
. If amending name, enter the new name of the l	imited liability company here:	
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
nter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
s. If amending the registered agent and/or re egistered agent and/or the new registered office a	•	records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida stree	et address
<u> </u>		, 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 605, F.S. Or, I 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>	<u>Address</u>	Type of Action
MGRM	Mailly, Eric	109 S. State Road 7	
		Royal Palm Beach, FL 33414	D Add
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			□ Remove
			☐ Change
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record specifies a delayed	effective date, b	ut not an effectiv	e time, at 12:	:01 a.m. on	the earlie
he 90th day after the reco					
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Dutt Gen	ignature of a member of	or authorized represents	tive of a member		
SCOTT HERMAN	ignature of a member of	or authorized represents	tive of a member	TARY I	

Page 3 of 3

Filing Fee: \$25.00