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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

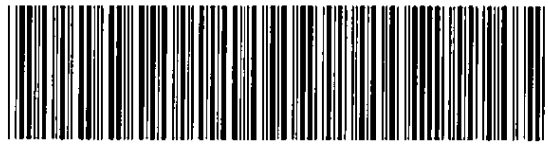
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: BLU SUSHI DOWNTOWN 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:

JOHN B. GALLAGHER ESQ.
Name of Person

JOHN B. GALLAGHER PA
Firm/Company

3618 FOWLER STREET, SUITE D
Address

FORT MYERS, FLORIDA 33901
City/State and Zip Code

BONNIE@ARESFLORIDA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN B. GALLAGHER at (954) 854-3484
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

BLU SUSHI DOWNTOWN 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 SEPTEMBER 18, 2014 and assigned Florida document number L140001446225.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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:

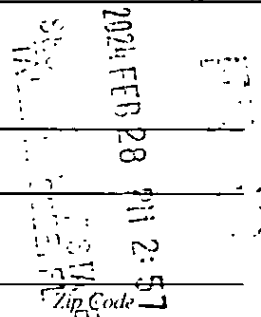
Enter Florida street address

_____ Florida _____

City

Florida

City



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 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>	<u>Type of Action</u>
AMBR	SEVINCH HOSPITALITY MANA	3618 FOWLER STREET, SUITE D	<input type="checkbox"/> Add
		FORT MYERS, FLORIDA 33901	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EMRAH SEVINCH	3618 FOWLER STREET, SUITE D	<input type="checkbox"/> Add
		FORT MYERS, FLORIDA 33901	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	RICHARD ARENAS	3618 FOWLER STREET, SUITE D	<input type="checkbox"/> Add
		FORT MYERS, FLORIDA 33901	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RICHARD ARENAS	3618 FOWLER STREET, SUITE D	<input type="checkbox"/> Add
		FORT MYERS, FLORIDA 33901	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RICARDO L. ARENAS	3618 FOWLER STREET, SUITE D	<input checked="" type="checkbox"/> Add
		FORT MYERS, FLORIDA 33901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN BLANKE	3618 FOWLER STREET, SUITE D	<input checked="" type="checkbox"/> Add
		FORT MYERS, FLORIDA 33901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEBRUARY 22 2024

Signature of a member or authorized representative of a member

Recardo L. Areanes
Typed or printed name of signee