

11/14/2018

Division of Corporations

# L17 000057969

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000327737 3)))



H180003277373ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES TONY PCORNPRINYA  
Account Number : I20010000164  
Phone : (305)893-8989  
Fax Number : (305)891-7717

RECEIVED

NOV 14 2018

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

2018 NOV 14 AM 8:42  
FILED  
DIVISION OF STATE  
AFFAIRS  
TALLAHASSEE  
FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
IMPERIAL SUSHI LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. CLINE

NOV 15 2018

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

(((H18000327737 )))

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IMPERIAL SUSHI 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:

Tony Pornprinya, Esq.  
Name of Person  
Law Office of Tony Pornprinya  
Firm/Company  
1555 NE 123 Street  
Address  
North Miami, FL 33161  
City/State and Zip Code  
Tony@miamidadelaw.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony Pornprinya at (305) 893-8989  
Name of Person Area Code Daytime Telephone Number

FILED  
2018 NOV 14 AM 8:42  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

(((H18000327737 3)))

((H18000327737 ))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMPERIAL SUSHI 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 MARCH 13, 2017 and assigned Florida document number L17000057959

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:

TONY PORNPRIYA

New Registered Office Address:

1555 NE 123 STREET

Enter Florida street address

NORTH MIAMI

Florida

City

2018 NOV 14 AM 8:44 RECEIVED SECRETARY OF STATE FLORIDA

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.

[Handwritten Signature]

If Changing Registered Agent, Signature of New Registered Agent

((H18000327737 3)))

(((H18000327737 )))

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>
MGR	MICHAEL GOLDBERGER		<input type="checkbox"/> Add
		8570 STIRLING RD. #101 DAVIE FL 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 NOV 14 AM 8:4  
 OFFICE OF STATE  
 TREASURER OF FLORIDA

FILED

(((H18000327737 3)))

(((H18000327737 )))

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

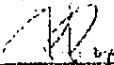
Series of horizontal dashed lines for amending information.

FILED  
2018 NOV 14 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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)(c)  
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 NOVEMBER 14, 2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Tony Pornprinya, authorized Representative  
\_\_\_\_\_  
Typed or printed name of signer

(((H18000327737 3)))