L/8000257340

(F	Requestor's Name)	
(A	Address)	
(A	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	

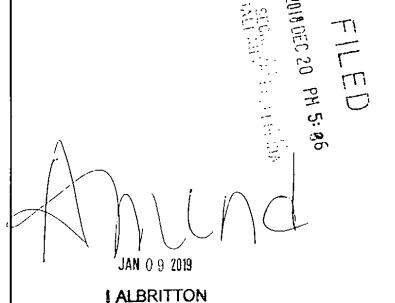
Office Use Only



100322211771

12/21/18--01001--001 **25.00

RECEIVED



COVER LETTER

YUKI SU SUBJECT:	SHI RESTAURANT LLC		
30bjbc1	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	TATIANE BERTON		
		Name of Person	
	ASSELFIS INTERNATIO	NAL LLC	
		Firm/Company	
	7901 KINGSPOINTE PKV	WY STE 10	
		Address	
	ORLANDO, FL, 32819		
	TATIANE@ASSELFIS.CO		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please concerning	all:	
TATIANE BERTON		407 826 1034 at ()	
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

TO:

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

ARTICLES OF ORGANIZATION **OF**

FILER
2018 TIEC
2018 DEC 20 PH 5: 86
STILL STANGE PH 5: 86
and assigned

YUKI SUSHI RESTAURANT LLC

(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{11/01/2018}{2}$ Florida document number L18000257340 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) 1201 WINTER GARDEN VINELAND RD STE 2 Enter new mailing address, if applicable: WINTER GARDEN, FL, 34787 (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: ASSELS FIS INTERNATIONAL, LLC Name of New Registered Agent: 7901 KINGSPOINTE PKWY STE 10 New Registered Office Address: Enter Florida street address

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.

City

ORLANDO

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
AMBR	ALEXANDER PEREIRA SATRIANO	1201 WINTER GARDEN VINELAND RD SUITE 2	■ Add
	· · · · · · · · · · · · · · · · · · ·	WINTER GARDEN, FL 34787	
			☐ Remove
			Change
		<u> </u>	Add
			□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change

-	_	-			
					
		·	<u> </u>		
-	·				_
-			_		
				<u> </u>	
	<u> </u>				
				_	_
					
		0.001		(A D	
Note: If the date inse	her than the date of ted, the date must be spec- erted in this block doe date on the Departme	es not meet the applical	o date of filing or more than ble statutory filing require	(optional) 00 days after filing.) Pursuant to ements, this date will not be	605.0207 (listed as t
f the record specific b) The 90th day a	es a delayed effec fter the record is	tive date, but not filed.	an effective time, a	t 12:01 a.m. on the ea	arlier of:
DECEMBER.	, 13	2018	,		
		·			
	11	1111	ized representative of a men		_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00