

Oct 6, 2021 12:31 PM

Nelson & Associates

No. 4321

10/6/21, 11:37 AM

Division of Corporations

Florida Department of State
Division of Corporations
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(((H21000374066 3)))



H210003740663ABCs

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To:

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

From:

Account Name : NELSON & ASSOCIATES, C.P.A., P.A.
Account Number : 120120000083
Phone : (305)593-0829
Fax Number : (305)593-8744

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

Email Address: annualrenewals@taxnelson.com

2021 OCT -6 AM 11:59

CALLAHAN, S. E. FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUSHI TAK SAKE LLC

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

2021 OCT -6 PM 2:59
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

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

SUSHI TAK SAKE 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 8/9/2021 and assigned
 Florida document number L21000357424.

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

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, 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

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 2021 OCT -6 PM 2:59
 CLERK OF
 SUPERIOR
 COURT
 JACKSONVILLE
 FLORIDA

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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	CHASTIDY MORALES	1150 SW 139 COURT	☒ Add
		MIAMI, FL 33184	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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 October 6th, 2021

[Signature]
02 del agosto (U.T.6, 2021) 11:25 EDT

Signature of a member or authorized representative of a member

DARIEL AGUAYO

Typed or printed name of signee

{{(H21000374066 3)}}