## L25000197936

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(City/State/Zip/Phone #)				
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## **COVER LETTER**

TO:

Registration Section

Division of Corporations							
Volcano	Japanese Cuisine at Registry LL	С					
SUBJECT:	Volcano Japanese Cursine at Registry LLC  UBJECT:  Name of Limited Liability Company						
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing					
		_					
Please return all corres	spondence concerning this matter	to the following:					
	Jie Wang						
		Name of Person					
	Volcano Japanese Cuisine at Registry LLC						
	Firm/Company						
	180 Registry Blvd						
	Address						
	St Augustine Fl 32092						
		City/State and Zip Code					
	incorp@mslulucpa.com E-mail address: (	to be used for future annual report no	ottfication)				
For further information	n concerning this matter, please of	·					
Lulu Wang		626 993-0788					
Name of Person		at () Area Code Dayti	me Telephone Number				
Enclosed is a check fo	r the following amount:						
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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		Street Address: Registration Section					
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee					
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Volcano Japanese Cuisine at Registry LLC	SEC.	-68	(T) (D)
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	FE	PH	رسد ا
The Articles of Organization for this Limited Liability Company were filed on 04/25/2025  Florida document number L25000197936	OR ITAL and assign	uegb 25 25	
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 abb	reviation "L.L.C	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 agent and/or the new registered office address here:	of the new r	<u>-egiste</u>	<u>ered</u>
Name of New Registered Agent:			_
New Registered Office Address:  Enter Florida street address			-
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.

City

Zip Code

7 8 2

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>	Address	Type of Action
AMBR	Jie Wang	13102 Harborton Dr	□Add
		Jacksonville FL 32224	■Remove
			□Change
AMBR	Ting Ting Wang	14861 Bartram Creek Blvd	<b>=</b> Add
		St Johns FL 32259	□Remove
			□ Change
<del></del>			🗆 Add
			□Remove
			☐Change
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
		<del></del>	□Change
			□ Add
			□Remove
			Change