L15000200465

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Čit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
~ (Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200305320382

11/08/17--01015--009 **25.00

FILED
2811 NOV -8 PH 3 28
SECRETARY OF STATE

K. SALY NOV - 9 2017

COVER LETTER

	egistration Sec ivision of Corp			
and bounder		VERY 305 INVESTMENTS	I.LC	
SUBJECT	':		ited Liability Company	
The enclos	ed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspon	dence concerning this matter	to the following:	
		MIKKO YAMAGUCHI		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		SUSHIDELIVERY305 IN	VESTMENTS LLC	
			Firm Company	
		1213 SOUTH 10TH STRE	ŒT	
		-	Address	
		FORT PIERCE, FL, 34950)	
		,	City/State and Zip Code	.
		SUSHIDELIVERY305@G		
		E-mail address: (to be used for future annual repor	t notification)
For further	information co	ncerning this matter, please ca	atl:	
мікко у	'AMAGUCIII		305 798-667	
	Name of	Person	Area Code Da	aytime Telephone Number
Enclosed 19	s 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)

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICL	es of amendment		No.
	ТО		
, ARTICLE	S OF ORGANIZATION		<i>~</i> .
	OF		T// ~
CLICINICS INCOMOCANIMOSTATACE	1.0		2017
SUSHIDELIVERY305 INVESTMENTS L		de L	MUY
(A Florie	lity Company as it now appears on our record a Limited Liability Company)	<u>rs.</u>) L	SECRE PH
The Articles of Organization for this Limited Liability	Company were filed on 11/20/2015	and assigned .	ZOIT NOV -8 PM 3 28 ALLAHASSEE, FLORIDA
Florida document number L15000200465			SEE, FLOORE
This amendment is submitted to amend the following:			-11/0 _A
•			
A. If amending name, enter the new name of the lin	nited liability company here:	•	
The new name must be distinguishable and contain the words "Li	Saftis St. C. William William St. 19	**************************************	
The new name must be distinguishable and contain the words. Lin	united Framiny Company, the designation 11.0	or the aboreviation L.L.C.	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
		· · ·	
Enter new mailing address, if applicable:		Martin Printer Control and Con	
(Mailing address MAY BE A POST OFFICE BOX)		·	

B. If amending the registered agent and/or registered agent and/or the new registered office ad-		s, enter the name of the new	

Name of New Registered Agent:			
New Registered Office Address:	•		
The Winesella Villee Address.	Enter Florida street addre	XV	
	, Fl	lorida	
	City	Zip Code	

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
MGR	XUAN DI	1213 SOUTH 10TH STREET	 Add
		FORT PIERCE, FL, 34950	□ Remove
			☐ Change
			Add
			Remove
		 	Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
		.	
		- <u>-</u>	
			□ Remove
			Change

WIND B W 3 28

•				
			·	_
				_ 3
				- PEG
				- Z
			,	- ,555 84.5
·	· · · · · · · · · · · · · · · · · · ·			- 55
·			·	- Q
			 	-
				_
				<u> </u>
				_
				_
tive date, if other than the offective date is listed, the date must If the date inserted in this bloment's effective date on the De	be specific and cannot be prior to- ck does not meet the applicable	date of filing or more than 90 le statutory filing requiren	(optional) days after filing.) Pursuant to 6 nents, this date will not be l	505.0207 (3)(b) isted as the
ecord specifies a delayed e 90th day after the reco	effective date, but not a rd is filed.	an effective time, at	12:01 a.m. on the ear	rlier of:
SOVEMBER 4	2017	, .		
	2_/_/	7/		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00