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	Requestor's Name)			
	Address)			
- !	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
ALL AND SEFF FLORIDA

D. SCOTT JUL 19 2017

COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT:		HI CAFE LLC			
	s of Amendment and fee(s) are su				
ricase return an corr	espondence concerning this matte	to the following.			
	 _	HARRY H LEE CHUNG			
		Name of Person			
		Firm/Company			
	7917 NW 2 STREET				
		Address			
		MIAMI, FL 33126 City/State and Zip Code			
	ha	rrychung@hotmail.cor	n	JACI SEC LI	
For further informati	E-mail address: on concerning this matter, please		ort notification)	FILE JUL 17 JRETARY OF LAHASSEE,	
HAF	RRY H LEE CHUNG	at (_305)	905-8072		
Na	me of Person		Daytime Telephone Number	PH 1:59 FISTATE FISTATE	
Enclosed is a check t	for the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is er	nclosed) Certified (of Status &	
Re Di	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327	Registration	Corporations		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUSHI CAFE LLC

(Name of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I	• • •	FLORIDA	and assigned
Florida document numberL0400003	80517		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :	
The new name must be distinguishable and end w	ith the words "Limited Liability Compa	nny," the designation "I	,LC" or the abbreviation
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
		_	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
			10 5
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter	the name of the nev
		.	第二 一
Name of New Registered Agent:		****	T 2 0
New Registered Office Address:			OF T
	En	ter Florida street ada	Iress O
	City	Florida	Zip Code
	CHY		лір Соае

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 608, 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CHANG CHUNG SUK MUY	7917 NW 2 STREET MIAMI, FLORIDA 33126	AddZ Remove
			Add Remove
			□ D
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necesso	uy.)
			FILED FILED SECRETARY OF ST TAILLANDSSEE, FIL
Dated	67-14-17	7/	HATE BATE
	, in the second	or authorized representative of a member MANYI CHUNG or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00