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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
Sushi Jo I	L.L.C.		
SUBJECT:	Name of Lin	ited Liability Company	_
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jane Frankel Sims, Esq.		
		Name of Person	
	Sims & Campbell, LLC		
		Firm/Company	
	500 York Road		
		Address	_ _
	Towson, MD 21204		
		City/State and Zip Code	
	jsims@simscampbell.law		_ 3
	E-mail address:	to be used for future annual report notification)	
For further information	concerning this matter, please o	all:	2 5 5
John C. Robinson		410 828-7775 at ())
Name	of Person	Area Code Daytime Telephone Num	nber
			. 21
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	D Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
Mailing Addre	ss:	Street Address:	
Registration		Registration Section	
Division of C		Division of Corporations	
P.O. Box 63:	27	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sushi Jo II L.L.C. (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 $\underline{\frac{March\ 1,2005}{}}$ _ and assigned Florida document number _____L05000020866 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 City

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 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 Title <u>Name</u> <u>Address</u> **Type of Action** □Remove ____ _ _ _ _ _ _ _ _ Change _____ □ Add _____ □Change ∷ S⊟Remove > □Change _____ □Remove bbA□ _____ □Change _____ □Remove

_____ □Change

and the following is hereby inserted in lieu thereof: "ARTICLE IV DURATION	
"ARTICLE IV DURATION	
ARTICLETY DORATION	
The duration of the limited liability company shall be perpetual."	
	-
······	··-
	<u>.</u>
	7) C3
	
	11: 20
	<u></u>

Filing Fee: \$25.00