

#L06000077156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

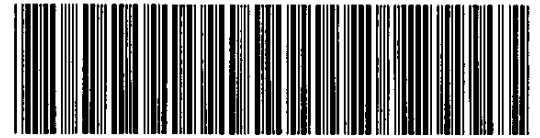
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300261649513

07/08/14--01020--005 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUL 8 PM 2:53

FILED

K. SALY
EXAMINER

JUL 10 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLU SUSHI GULF COAST TOWN CENTER L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER SCHMID

Name of Person

BLU SUSHI GULF COAST TOWN CENTER, L.L.C.

Firm/Company

11045 GULF CENTER DR E105

Address

FORT MYERS, FL 33913

City/State and Zip Code

PSBLUSUSHI@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER SCHMID

Name of Person

at (239) 334-2583

Area Code

Daytime Telephone Number

Enclosed is 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)

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

TO
ARTICLES OF ORGANIZATION
OF

BLU SUSHI GULF COAST TOWN CENTER, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2014 JUL 8 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/04/2006
Florida document number L06000077156

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 end with 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)

10045 GULF CENTER DR E105

FORT MYERS, FL 33913

B. If amending the registered agent and/or registered office address on our records, enter the name of the 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 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

Authorized Member being added or removed from our records:

MGR = Manager

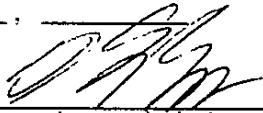
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MAK, KWOK P	13451 MCGREGOR BLVD STE 32	<input type="checkbox"/> Add
		FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Remove
MGRM	MAK, KWOK W	13451 MCGREGOR BLVD STE 32	<input type="checkbox"/> Add
		FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Remove
MGR	Whitaker, Christopher	13451 MCGREGOR BLVD STE 32	<input type="checkbox"/> Add
		FORT MYRES, FL 33919	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 7-1-2014



Signature of a member or authorized representative of a member

Peter Schmick

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00