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- (Req	uestor's Name)	
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M. Thomas MAY 28 2009

COVER LETTER

TO:	Registra Division		ction porations			
SUBJE	Е ÇТ :	Ø	Sushi Hous (Name of Lin	g Best LLC nited Liability Company)		
The en	closed Art	icles of	Amendment and fee(s) are su	bmitted for filing.		
Please	return all c	correspo	ndence concerning this matte	r to the following:		
				-i Ly Wang (Name of Person)		
				(Firm/Company)	08 H	
			<u>4108 1</u> Jax	imberlin Lake Rd (Address) PL 32256	08 HAY 27 AM 11: 23 SECHETARY OF STATE SALLAHASSEE FLORID	FILEU
For fur	ther inforn	nation co	oncerning this matter, please	(City/State and Zip Code)	F STATE FLORIDA	
	L	Named	Wang f Person)	at (Area Code & Daytime Tele	ephone Number)	
Enclose	ed is a che	ck-for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ouse Best LLC
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	by were filed on $03/21/8$ and assigned .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10261 River March Dresider Jax PL 32246
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
· · · · · · · · · · · · · · · · · · ·	(Enter Florida street address)
	(City) , Florida (Zip Code)
	(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 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Ma	naging Member		
Title ·	Name	Address	Type of Action
MGRM	Heying Qi'u	10261 River Marsh Pr. #107 Jax Pt 32246	Add Remove
MGR	Tuan Ant Ngaye	Jax 12 32246	Add Remove
	,	JON 17 - 32110	Add
			8 27
			Add Remove OF STATE O
			Add Remoder
			Add Remove
D. If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
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			_
			_
Dated		·	
		rauthorized representative of a member Anh printed name of signee	
	1 yped or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00