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06/20/08--01012--025 **55.00

,		COVER LETTER		
TO: Registration Sect Division of Corpo				
SUBJECT:	Sushi House (Name of Lim	Best LLC nited Liability Company)		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
		(Name of Person)		
	Sus	hi House Best (Firm/Company)	LLC	0
	9108	Timberlin Lake	RD	OB JUN 20 AN 10: 19 SECRETARY OF STATE SECRETARY OF FLORIDGE
	J	acksonulle FL	32256	SSE 至 5
		(City/State and Zip Code)		D: 19 STATE FLORIE
For further information con	cerning this matter, please c	all:		>
(Name of	Wang Person)	at (904) 728 - 22 (Area Code & Daytime Tel-	ephone Number)	
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is en	

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

Sushi Hous		LLC				
(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	03/25/08	and assigned			
Florida document number <u>L 08 0000 30 199</u> .		, ,				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabi	lity company here	:				
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compar	ıy," the designation "	LLC" or the abbreviation			
L.U.C.						
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>			
			77 5			
Enter new mailing address, if applicable:			Sh.			
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>					
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	:					
N. CN. D. L. LA						
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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Address</u> Type of Action <u>Title</u> <u>Name</u> Wu ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member

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Filing Fee: \$25.00