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(Red	questor's Name)			
(Add	dress)			
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(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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SECRETARY OF STATE

T. CLINE

DEC 29 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor		• . •	
SUBJECT: Shan K	ishi Japanese Resta	aurant, LLC	
	(Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
		-	
Please return all correspo	ndence concerning this matter	to the following:	
	Bobbie Brigman		
		(Name of Person)	
	Mastercraft Marketplace		
		(Firm/Company)	
	16821 Panama City Bea	The state of the s	
		(Address)	
	Panama City Beach, FL		2008 TAL
		(City/State and Zip Code)	LARE DEC
For further information c	oncerning this matter, please c	all:	2008 DEC 24 AM 10: 58 SECRETARY OF STATE TALLAHASSEE, FLDPS elephone Number)
		050 005 4000	TO A
Bobbie Brigman		at (850) 235-4033	54 5
(Name o	of Person)	(Area Code & Daytime To	elephone Number) FO S
Enclosed is a check for the	ne 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

Shan Kishi Japanese Restauran	t, LLC	
(Name of the Limited	d Liability Company as it now appe A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited L	iability Company were filed on 0	3/25/08 and assigned
Florida document numberL08000030521		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name (of the limited liability company h	ere:
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE)	ET ADDRESS)	35 2 T
		mo z [T]
		FFLO E
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE		
Manufic Bull CSS MAIL 202 11 TOST OF A TOS	- DUIL	
B. If amending the registered agent and registered agent and/or the new registered of	•	our records, enter the name of the new
Name of New Registered Agent:	Qin Guo Zhang	3.00250000000000000000000000000000000000
New Registered Office Address:	16821 Panama City Beach Pa	rkway
		Enter Florida street address)
	Panama City Beach	, Florida FL 32413
	(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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM	1 = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Qin Guo Zhang	16821 Panama City Beach Parkway Panama City Beach, FL 32413	Add Remove
MGR	Feng Huang	13800 Panama City Beach Parkway, Ste 10 Panama City Beach, FL 32407	
	_		Add Remove
			Add Remove
			And Remove Remove Remove 1AR TAR TAR TAR TAR
D. If a	mending any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary	Add
			——————————————————————————————————————
Dated _	12-22-2008	·	
	Signature of a me	ember or authorized representative of a member	
	$Q\dot{w}_{ au}$	GUO ZHANG yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00