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G. MCLEOD

**EXAMINER** 



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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: SUN	(Name of Lim	RESTAURANT LL ited Liability Company)	<u>- C</u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	PHUNG H.	NGUYEN (Name of Person)	<del></del> -
	SUNRISE A	SIAN RESTAURANT (Firm/Company)	LIC_
	3516 US	(Address)	
	HOLL, DAY	FL 3469   (City/State and Zip Code)	<del></del>
For further information co	oncerning this matter, please c	all:	
Jo E V	Over f Person)	at ( <u>737)</u> 577 <u>960</u> (Area Code & Daytime T	2
Enclosed is a check for th	<b>▼</b>		
\$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

ON SECTION OF STATE O

SUNSHINE ASIAN RESTAURANT INC.

(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 MAT	20 200 8 and assigned
Florida document number <u>L080005040 2</u> .	,

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SUNRISE ASIAN RESTAN		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		records, <u>enter the name of the new</u>
Name of New Registered Agent:		<del></del>
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 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

2	<u>Name</u>	<u>Address</u>	Type of Actio
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	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
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_ _ _	29-1 27 , 20 X PHONT NAMP	r or authorized representative of a member	

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Filing Fee: \$25.00