L08000098128

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2009 SEP 28 PM 1: 3

SEP 2 9 2009 EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: WASABL SUSHI & TEMPURA, LLC 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:
WANG, XI
Wasabi Sushi & Tempura, LLC Firm/Company
1910 Wells Rd #VC/3
Orange Park, FL 32073 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (917) 660 - 2897 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

FILED

2009 SEP 28 PM #: 37

WASABI SUSHI Name of the Limited Liai (A Floi	DILLA , Libility Company as it now appears rida Limited Liability Company)	SECRETARY OF STATE On our records ALLAHASSEE, FLORIDA				
The Articles of Organization for this Limited Liability Florida document number \(\textit{L0800009812-8}\)	ity Company were filed on	$\sqrt{\frac{23}{2009}}$ and assigned				
This amendment is submitted to amend the following	ag:					
A. If amending name, enter the new name of the	limited liability company here	:				
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compan	y," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable	<u> </u>					
(Principal office address MUST BE A STREET A	DDRESS)					
Enter new mailing address, if applicable:		\$18.00 P. 10.00 P. 10				
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>					
B. If amending the registered agent and/or r registered agent and/or the new registered office		ir records, enter the name of the new				
Name of New Registered Agent:						
New Registered Office Address:	First	er Florida street address				
Emer r torida street adaress						
_	City	, Florida 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:

or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title Name Address Type of Action

MGRM	WANG,	XI	19/0 U	Nells Road	#VC/3 L32073 US	Add Remove	
	•					Add Remove	
						Add Remove	
						Add Remove	
						Add Remove	
						AddRemove	
D. If amend	ing any other info	rmation, enter c	change(s) here: (/	Attach additional s	sheets, if necessary).) ——	
					,		
Dated	09/24		2009 .			2009 S	-17
	•		lember or authorized	XI	a member	2009 SEP 28 PM	ILEU
		·	Typed or printed na Page 2 o			STATE ACORIDA	

Filing Fee: \$25.00