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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status

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APR 29 2010

EXAMINER

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04/27/10--01016--004 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Division of C	Section forporations		
SUBJECT:	Sushi Siam	of Tallahassee, LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	ubmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
		Jason Fudge	
		Name of Person	
		Firm/Company	
	4	261 Summertree Drive	
	7	Tallahassee, FL 32311	
		City/State and Zip Code	
	fu E-mail address:	udge.jason@gmail.com (to be used for future annual report notification)	
For further information	concerning this matter, please		
	Jason Fudge	at (_850) 322-1501	
Name	of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60:00 Filing Fee, Certified Copy (additional copy is enclosed) \$60:00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed))
MA 11	LING ADDRESS	CTREET/COMPLED ADDRESS	
Regis Divisi	LING ADDRESS: tration Section ion of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations	
notice is say P.O. E Tallat	30x 6327 nassec, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	iji.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sushi Siam of Tallahassee, 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 onFebruary 1, 2010 and assigned
Florida document number L10000011332
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviati "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter newmailing address, if applicable:
(Måiling address MAYBE A POST OFFICE BOX)
E penting success manager root of the penting of th
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:
•
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address \\ \times \\ \tim
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, is 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 = Managing Member Type of Action **Address** Title 1 <u>Name</u> MGMR Ravenwan (Rita) Ratano PO BOX 2064 ₽ Add FORT WALTON BEACH FL 32549 US Erica Ratanothayamon ☑ Add MGR PO BOX 2064 Remove FORT WALTON BEACH FL 32549 US 🔲 Add Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 20 2010 Dated Signature of a member or authorized representative of a member AMNUÁY NETHONGKOME Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00