

L10000021278

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2010 DEC 20 PM 3:23

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J. SAULSBERRY
EXAMINER

DEC 21 2010

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: SUSHI HOUSE OF JAX 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:

JACK K KWON
Name of Person

Firm/Company

469 LAKE ROAD
Address

LAKE MARY, FL 32746
City/State and Zip Code

JKKWON0726@GMAIL.COM
E-mail address: (to be used for future annual report notification)

PLEASE SEND ARTICLES
OF AMENDMENT TO:
JACK K. KWON
469 LAKE ROAD,
LAKE MARY, FL 32746

For further information concerning this matter, please call:

JACK K. KWON at (407) 923-1455
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 & 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

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2010 DEC 20 PM 3:23
TALLAHASSEE FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SUSHI HOUSE OF JAX 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 02/24/2010 and assigned
Florida document number L10000021278.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent:

YU YUN CAO

New Registered Office Address:

11531 SAN JOSE BLVD., SUITE 9

Enter Florida street address

JACKSONVILLE

City

, Florida 32223

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.

Yu Yun Cao

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	YI G. LIU	11531 SAN JOSE BLVD., STE 9 JACKSONVILLE, FL 32223	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	YU YUN CAO	11531 SAN JOSE BLVD., SUITE 9 JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated _____, _____.

Signature of a member or authorized representative of a member

YU YUN CAO

Typed or printed name of signee

CLERK OF STATE
TALLAHASSEE, FLORIDA

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