## L10000039929

(Requ	estor's Name)	
(Addre	955)	
(Addre	ess)	
(City/S	state/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busir	ess Entity Name	e)
(Docu	ment Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fill	ng Officer	

A. LUNT

MAY - 7 2010

**EXAMINER** 

Office Use Only



800180182858

05/06/10--01032--021 \*\*25.00

FILED

MINNY-6 PM 2: 25

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration : Division of Co			
SUBJECT:		Hibachi LLC	·
	Name of Limi	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Liv	H T NGUYEN  Name of Person	
	SAT	G6N HIBACHI L Firm/Company	<u> </u>
		NAVASOTA STRE	<b>&gt;</b> 70 - =
	GROESBECK	City/State and Zip Code  AVO (a) Yahoo. Com to be used for future annual report notification	MAY -6 PM 2 RETARY OF SI AHASSEE: FUC
	TIMHI	AVO @ Yáhoo. com	YOF STATE
For further information	concerning this matter, please c		Z: 25 ORIO
LIWH N	/ GUYEN	at (903) 916 - 016 Area Code & Daytime Tel	59
Name	of Person	Area Code & Daytime Tel	ephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	าร

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAIGON	HIBACHI	LLC			
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now app mited Liability Company	cars on our records.) ')		-	
The Articles of Organization for this Limited Liability Co Florida document number <u>L. 100003992</u>		APRIL 14,2	<u>'D [O</u> and	assigne	æd
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company h	ere:			
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Con	npany," the designation	"LLC" or t	he abbro	 eviation
Enter new principal offices address, if applicable:			Þσ	20	
(Principal office address MUST BE A STREET ADDRE	ESS)			10 KA	-
	-		AST.	<del></del>	- <u></u> -
_			SEE.	on —	
Enter new mailing address, if applicable:			T (Q)	3	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			_ <del>22</del> _	<u>v</u>	<u> </u>
				ம்	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	red office address on ess here:	our records, ente	r the nam	e of th	e new
Name of New Registered Agent:			·		
New Registered Office Address:				<del></del>	
	Enter Florida street address				
<u></u>		, Florida			
	City		Zip C	ode	

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR≠ Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	YNHI NGUYEN	3469 Forest Ridge Lan Kissimmee., Fe 34741	<u>C</u>
			Add Remove
-			Add Remove
<del></del>			Add Remove
			AHAY AND
<del></del>			
D. If amend	ing any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	v.)
Dated	x Marsh	010.	
	LINH	er or authorized representative of a member  T NGUYEN  ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00