# L10000089440

(Requestor's Name)					
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PICK-UP WAIT MAIL					
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SECRETARY OF SHATION DIVISION OF CORPOLATION

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## **COVER LETTER**

TO:	Registration Se Division of Con						
Chopsticks Super Buffet LLC							
Name of Limited Liability Company							
The end	closed Articles of	Amendment and fee(s) are subr	nitted for filing.				
Please i	return all correspo	ondence concerning this matter t	to the following:				
			Alex Yu, Esq.				
Name of Person							
Law Offices of Alex Yu, P.A.							
Firm/Company							
1531			Amberly Drive, Ste 207				
			Address				
			Tampa, FL 33647	<del></del>			
City/State and Zip Code							
	tion)						
For fur	ther information of	concerning this matter, please ca	·	,			
Alex Yu, Esq.			at ( 813 ) 5	14-2885			
			•				
Enclose	ed is a check for t	he following amount:					
<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)			

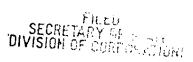
### MAILING ADDRESS:

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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



10 DEC 10 AM 10: 39

Name of the Limiter	OPSTICKS St	iper Bullet Li	ars on our records )
(Name of the Limited	A Florida Limited	Liability Company	)
The Articles of Organization for this Limited L Florida document numberL1000008		ny were filed on	August 25, 2010 and assigned
This amendment is submitted to amend the foli	lowing:		
A. If amending name, enter the new name of	f the limited lia	bility company h	ere:
	N/	'A	
The new name must be distinguishable and end will.L.C."	ith the words "Lir	nited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applie	cable:	N/A	
(Principal office address MUST BE A STREI	ET_ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>
B. If amending the registered agent and	-		our records, enter the name of the new
registered agent and/or the new registered o	ffice address he	ere:	
Name of New Registered Agent:	N/A		
New Registered Office Address:			
	-		înter 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Manager Members on our records, enter the title ame, and address of each Manager or Managing Member being added or removed from our records: MGR = Monager MGRM Managing Member Type of Action Name 1 **Address Title** MGRM Na Lin 741 52st, Floor 2 ☐ Add Remove Brooklyn, NY 11220 Remove ☐ Add Remove ☐ Add Remove ∏Add Remove □ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 15 2010 Dated \_\_\_\_ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Jenny Z. Huang
Typed or printed name of signee