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PICK-UP	☐ WAIT	MAIL		
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SECRETARY OF STATE

T. CLINE

MAY 13 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co						
SUBJECT:	The Fusion B	istro Investment LL	.C.			
	Name of Lim	ited Liability Company				
•				× .		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	•			
Please return all corresp	oondence concerning this matte	r to the following:				
		Le Cao				
		Name of Person				
	·	Firm/Company	-			
		Address				
	S	Shalimar Florida 32579	)			
	City/State and Zip Code					
	spillth E-mail address: (					
For further information	concerning this matter, please	-	n nonneaton,	2011 HAY 12 SECRETARY		
	Le Cao	at (_850, )	598 0027	AY HAS		
Name	of Person	Area Code &	Daytime Telephone Number	2 PH 2 PH SEE, FL		
Enclosed is a check for	the following amount:			I I: 0		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed) Certified	ng Fee, e of Status &		

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

	Bistro Investment L			
( <u>Name of the Limited Liabilit</u> (A Florida	y <mark>Company as it now appear</mark> Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C	Company were filed on	04/20/2011	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	<u>·e</u> :		
The Fusion	Bistro Investment LLC	;		
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Compa	nny," the designation "L	LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD)	<u>(ESS)</u>			
			- <del>Z</del> s <u>2</u> 3 -	
Enter new mailing address, if applicable:			C PAR TA	
(Mailing address MAY BE A POST OFFICE BOX)			SA -	
Indining data ess MAT BE A FOST OFFICE BOX	——————————————————————————————————————			
			75 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
B. If amending the registered agent and/or regis	tered office address on o	our records, enter t		
registered agent and/or the new registered office add	ress here:	<u></u>	DIT!	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter 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 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 **Title** <u>Name</u> **Address Type of Action** MGR Quang Giang 70 5th street ✓ Add Shalimar Florida 32579 Remove ☐ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 5/9/11 Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00