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(Requestor's Name)	·			
(Address)				
(Address)	<u></u>			
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Nam	ne)			
(Document Number)				
Certified Copies Certificates				
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D. BRUCE
JUN 29 2011
EXAMINER

COVER LETTER

10:	Division of Cor				
SUBJEC	¬т∙	Pubbe	lly Sushi, LLC		
SOBJEC	×1.		ted Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
			Airam Garcia		
			Name of Person		
			Firm/Company		
		1041 Redbird Avenue			
			Address		
	Miami Springs, Fl 33166 City/State and Zip Code		11 JUN 28		
		E-mail address: (iram_g@hotmail.com to be used for future annual report n	otification)	113
For furth	er information c	oncerning this matter, please of	eall:		in the second se
		ram Garcia f Person	at (305) Area Code & Day	467-0191	10 CO.
		ne following amount:			
525.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	ite of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/COU Registration Sec Division of Cor Clifton Building	porations		
		ssee, FL 32314	2661 Executive Tallahassee, FL	Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Dimited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

-	City	, Florida _	Zip Code	-
	Enter Florida street address			
New Registered Office Address:				_
Name of New Registered Agent:				_
registered agent and/or the new registered office	<u>e address here</u> :			
B. If amending the registered agent and/or		on our records, <u>ente</u>	r the name of the n	ev
	·		\$ 50 C	_
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>			
Enter new mailing address, if applicable:		-	SSEE SSEE	· -
	***************************************	***************************************	3 5 7	•
(Timesput Office uturess MOST BL A BIRDLITA				-
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A			무선 .	
The new name must be distinguishable and end with th	ne words "Limited Liability Co	mpany," the designation	"LLC" or the abbrevia	io
A. If amending name, enter the new name of th	e limited liability company	<u>here</u> :		
This amendment is submitted to amend the following	ng:			
Florida document number <u>L1100007171</u>				
The Articles of Organization for this Limited Liabi		Pubbelly Sushi, t	_LC and assigned	
		B. I. I II O I 1	10	

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 Address Type of Action <u>Name</u> MGR Schreiner, Andreas 1418 20th Street ☐ Add Miami Beach FL 33139 √ Remove Mendin, Jose MGR 1418 20th Street □ Add Miami Beach, FL 33139 √ Remove MGR Narrarro, Sergio 1418 20th Street □Add Miami Beach, FL 33139 Remove S M &N Hospitality Group MGRM 1418 20th Street **√** Add Remove Miami Beach, FL 33139 MGR Arlequin Plaza LLC ✓Add 60 SW 13 Street Remove Suite 4608 Miami, FL 33130 MGR Rodriguez, Michael ✓Add 1500 Bay Road Remove Apt. 822 Miami Beach, FL 33139 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Add MGR: leto, Yuki 8324 Eagle Port St. Las Vegas, NV 89139 June 23 2011 Dated ___ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee