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COVER LETTER

Division of Co	rporations			
SUBJECT:	CLERMONT TI	ERIYAKI HOUSE, L	LC.	
		ited Liability Company		_
The anglesed Articles of	f Amondment and foo(a) are as	hmitted for filing		
The enclosed Articles of	f Amendment and fee(s) are su	omitted for filling.		
Please return all corresp	ondence concerning this matte	r to the following:		
		YING MA		
		Name of Person		
		Firm/Company		
	2575	E HIGHWAY 50 SUIT	ΈB	
		Address		_
	C	LERMONT, FL 34711		
		City/State and Zip Code		_
	N	T832@YAHOO.COM		_
		to be used for future annual report	rt notification)	
For further information of	concerning this matter, please of	call:		
	YING MA	at (407) Area Code & I	334-5115	
Name o	of Person	Area Code & I	Daytime Telephone Num	ber
		• •	••	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	Certifi closed) Certifi	Filing Fee, cate of Status & ied Copy onal copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS 11 JUL 28 PH 12: 37

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

CLERMONT TERIYAKI HOUSE, 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	07/05/2011	and assigned	
Florida document number L1100007	77273			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability company he	<u>ere</u> :		
The new name must be distinguishable and end w "L.L.C."	vith the words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:	2575 E HIGH	2575 E HIGHWAY 50 SUITE B		
(Mailing address MAY BE A POST OFFICE	<u>CLERMONT</u>	CLERMONT, FL 34711		
				
B. If amending the registered agent and registered agent and/or the new registered of	/or registered office address on	our records, enter t	he name of the nev	
	· · · · · · · · · · · · · · · · · · ·			
Name of New Registered Agent:	YING MA			
New Registered Office Address:				
	Enter Florida street address			
	CLERMONT	, Florida	34711	

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 <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action MGR** YING WONG 933 KENBAR AVENUE ☐ Add HAINES CITY, FL 33844 ✓ Remove MGR YING MA 2575 E HIGHWAY 50 SUITE B CLERMONT, FL 34711 ☐ Remove Add ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JULY 26** 2011 Dated ____ Signature of a member or authorized representative of a member YING MA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00