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COVER LETTER

Registration Section

TO:

Division of Co	rporations	,	
	AM AVENTURA, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RUXCHANOK HASHM	AN	
		Name of Person	
	HASHMAN INCOME TA	XX & BOOKKEEPING LLC	
	 	Firm/Company	
	14 S KANAWHA ST.		
	·	Address	
	BUCKHANNON, WV 26	201	
		City/State and Zip Code	
		SERVICES@GMAIL.COM	738
Dan Cook of Co.		to be used for future annual report no	tification)
ror further information	concerning this matter, please c	all:	
RUXCHANOK HASH	MAN	304 460-2069 at ()	
Name	of Person		me Telephone 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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUSHI SIAM AVENTURA, LLC

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our rec a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C Florida document number L12000137309	ompany were filed on 10/29/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "I	.L.C" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	: <u>t</u>
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
, 		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	drace
•		
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and concept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties gent as provided for in Chapter 60	. and I am familiar with and 15. F.S. Or. if this document is
۹. و	If Changing Registered Agent, Signatu	re of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	DHANOO JITMANOWAN	i5847 SERRANO RD.	■Add
		APPLE VALLEY, CA 92307	□Remove
			□ Change
AMBR	DAWNRUETAI JITMANOWAN	15847 SERRANO RD.	■ Add
		APPLE VALLEY, CA 92307	□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Note:	(optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	$\frac{7/4/24}{6114}$
	Statlinge.
	Signature of a member or authorized representative of a member
	SIRIPHAN KNATTONGCOME

COVER LETTER

Registration Section Division of Corporations

TO:

SUSHI	IAM AVENTURA, LLC	•	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	RUXCHANOK HASHMA	AN	
		Name of Person	
	HASHMAN INCOME TA	XX & BOOKKEEPING LLC	
		Firm/Company	
	14 S KANAWHA ST.		
		Address	
	BUCKHANNON, WV 26	201	
		City/State and Zip Code	
		SERVICES@GMAIL.COM	
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
RUXCHANOK HASH	MAN	304 460-2069 at ()	
Name	of Person		ne Telephone 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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUSHI SIAM A VENTUKA, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our rec Liability Company)	ord <u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L12000137309	y were filed on 10/29/2012	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
د' ه '		
3. If amending the registered agent and/or registered office	address on our records, ent	er the name of the new register
gent and/or the new registered office address here:		
N 60 5 1 1 1		
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street ada	iress
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CHICKLE CLANA ALIENTENIA A A A O

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 605, 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.

It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	DHANOO JITMANOWAN	15847 SERRANO RD.	≅Add
		APPLE VALLEY, CA 92307	Remove
			Change
AMBR	DAWNRUETAI JITMANOWAN	15847 SERRANO RD.	= Add
		APPLE VALLEY, CA 92307	□ Remove
			Change
			□Add
			□ Remove
			Change
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note:	ive date, if other than the date of filing:
e record rd is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _.	7/4/24 RAITH.
	Signature of a member or authorized representative of a member
	C The state of the