

L12000144907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

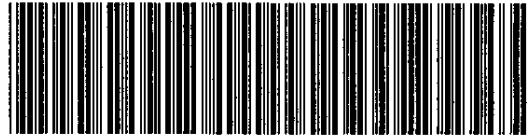
(Business Entity Name)

(Document Number)

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FILED

2013 JAN 30 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan

JAN 31 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kabooki Sushi LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sengphet Phimmason

Name of Person

Kabooki Sushi LLC.

Firm/Company

2353 Riverdale Court

Address

Oviedo FL, 32765

City/State and Zip Code

kabookisushi@rocketmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sengphet Phimmason

Name of Person

at (**407**) **3719114**

Area Code & Daytime 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 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**

FILED

2013 JAN 30 AM 10:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Kabooki Sushi 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 11/16/2012 and assigned
Florida document number L12000144907.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Kabooki Sushi LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3122 E.Colonial Drive

Orlando FL, 32803

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2353 Riverdale Court

Oviedo FL, 32765

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Sengphet Phimmason

New Registered Office Address:

2353 Riverdale Court

Enter Florida street address

Oviedo

City

, Florida 32765

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

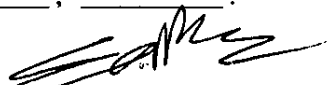
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	VONGKHAMSENE, SOMBOUNE	2353 Riverdale Court	<input checked="" type="checkbox"/> Add
		Oviedo FL, 32765	<input type="checkbox"/> Remove
MGR	VONGKHAMSENE, SOMBOURIE	3122 E.Colonial Drive	<input type="checkbox"/> Add
		orlando FL, 32802	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member

Sengphet Phimmasone

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2019 JAN 30 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA