

L13000025065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE FLORIDA

JUN 13 2014

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COVER LETTER

**TO: Registration Section
Division of Corporations**

KELP SUSHI JOINT LLC

SUBJECT: _____
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:

HUANGWEI CHIU

Name of Person

KELP SUSHI JOINT LLC

Firm/Company

3601 W OBISPO ST

Address

TAMPA, FL 33629

City/State and Zip Code

WESCHIU@ME.COM

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

For further information concerning this matter, please call:

HUANGWEI CHIU

813 505-5922

Name of Person

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA
CLERK OF STATE

**TO
ARTICLES OF ORGANIZATION
OF**

KELP SUSHI JOINT 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 02/15/2013 and assigned
Florida document number L13000025065.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

HUANGWEI CHIU

3601 W OBISPO ST

TAMPA, FL 33629

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:

HUANGWEI CHIU

New Registered Office Address:

3601 W OBISPO ST

Enter Florida street address

TAMPA

Florida

City

33629

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 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.

Huang-wei Chiu

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

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ADD
REMOVED
STATE
TAMM HOSPITAL
TAMM HOSPITAL
REMOVED

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 8, 2014

Huangwei Chiu

Signature of a member or authorized representative of a member

HUANGWEI CHIU

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA