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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Cor			
ASY SUSF		•	
SUBJECT:		ited Liability Company	
	Amendment and fee(s) are sub	_	
	SONG LIU		
		Name of Person	
	ASY SUSHI LLC		
		Firm/Company	
	10312 BLOOMINGDALE	E AVE STE 111	
		Address	
	RIVERVIEW FL 33578-3	603	
		City/State and Zip Code	
	sushiktampa@hotmail.com	to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca		
SONG LIU		626 6785656 at ()	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

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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

ASY SUSHI LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Co Florida document number L13000032609	ompany were filed on $\frac{3/4/13}{2}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRE	ESS)	
		<u>ယ</u> ္ကိုင္ရ
		\$ 500 \$ 500
Enter new mailing address, if applicable:	<u> </u>	5
Mailing address MAY BE A POST OFFICE BOX)		8
B. If amending the registered agent and/or registe		enter the name of the t
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	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.

If Changing Registered Agent, Signature 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>	<u>Name</u>	Address	Type of Action
MGR	KEVIN LIU	6517 SIMONE SHORES CIR APC	Add
			■ Remove
			Change
MGR	SONG LIU	6517 SIMONE SHORES CIR APC	■ Add
			Remove
			Change
			Add
			□ Remove
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ne record specifies a de The 90th day after th			ot an effectiv	ve time, at 12	:01 a.m. on th	ne earlier of:
Dated March	1 20 Gran L	. 201	<u> </u>			17 H
<u>l'i</u>	you L	in				MAR 23
	Signature of a	i member or aut	thorized represent	ative of a member		SAMO

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Filing Fee: \$25.00

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