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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entry Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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## **COVER LETTER**

TO: Registration Section
Division of Corporations

PHAN T. OKANISHI, PLC

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:

Phan Okanishi	
Name of Person	
Firm/Company	
14558 Dover Forest Dr	
Address	
Orlando FL 32828	

City/State and Zip Code

PHAN\_RE\_SALES@okanishi.com

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

For further information concerning this matter, please call:

Kaz Okanishi

<sub>.,</sub>407,2**79-1529** 

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

\$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

(Name of the Limited Li	iability Company as it now appears on our re	cords.)
(A F)	iability Company as it now appears on our re lorida Limited Liability Company)	,
The Articles of Organization for this Limited Liab Florida document number <u>L13000105721</u>	oility Company were filed on 7(2(12013	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
PHAN T. OKANISHI, LLC.		
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:	***
(Principal office address MUST BE A STREET	ADDRESS)	Trip W
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our record	ls, enter the name of the nev
registered agent and/or the new registered onto	te divires nergi	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	i street address
		Florida
	City	Zip Code

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

DUANT OKANISHI DIC

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member Type of Action <u>Title</u> Name <u>Address</u> Remove Remove Remove

D.	If amend	ling ar	y other	informatio	on, enter	change(s) here:	(Attach addi	itional sheets,	if necessary.)	
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Page 3 of 3

Filing Fee: \$25.00

