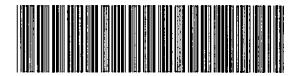
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SCORE IARY OF STATE

DEC -4 AM 9: 13

Amend

JAN 1 0 2020 I ALBRITTON

COVER LETTER

Division of Corporations	
SUBJECT: YUZU KAITEN SUSHILLC 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:	
rease return an correspondence concerning this matter to the following:	
Irene Cai Name of Person	
Yongmei Cai & Association.	
601N Congress Ave, Suite 412	
Delray Beach FL 33445 City/State and Zip Code	
City/State and Zip Code Youngme Cpa (a gma)/. (om E-mail address: to be used for fature annual report notification)	
For further information concerning this matter, please call:	
Trene (a) at (561) 699-7886 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$525.00 Filing Fee \$\bigcup \text{\$55.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \$60.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$ \$60.00 Filing Fee & Certified Copy (additional copy is enclosed)	atus &
Mailing Address: Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YUZU KAITEN SUSHILLC	
(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	:d
Florida document number L13000124414.	
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 contain 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)	
The state of the s	
Enter new mailing address, if applicable:	11
(Mailing address MAY BE A POST OFFICE BOX)	
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:	<u>gistered</u> ၁
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
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>	Name	Address	Type of Action
MGRM	Wong, CHUM T	1161 SW 109th Lane	🗆 Add
	-	DAVIE, FL 33324	iZRemove
			□Change
MGRM	Li, XUEMIN	1161 SW 1097H LN	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		DAVIE, FL 33324	□Remove
			Change
			□Add
			□Remove
			□Change
		 	
			□Remove
			Change
			□Add
			□Remove
			□ Change
			DAdd
			□Remove
			□Change

Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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HOLE.	ive date, if other than the date of filing: cetive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
the rec	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	12/2/ , 2018
	Signature of a member or authorized representative of a member
	- Organizate of a member of authorized representative of a member
	* 1 *

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Filing Fee: \$25.00