L1400053674

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

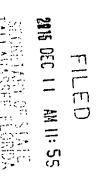
Office Use Only



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COVER LETTER

Division of Corp	orations		
EAST WEST	FBUFFET LLC		
JOBSEC 1.	Name of Limit	ed Liability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	GLORIA GUO CPA		
	·	Name of Person	
	GLORIA GUO & ASSOCI.	ATES CPA PA	
		Firm/Company	
	9200 BELVEDERE ROAD	SUITE 103	
		Address	
	WEST PALM BEACH, FL	33411	
		City/State and Zip Code	
	GLORIAGUOCPA@GMAI		
	E-mail address: (to	be used for future annual report notifica	ation)
For further information con	ncerning this matter, please cal	II;	
GLORIA GUO CPA		561 383-8388 at ()	
Name of I	Person	Area Code Daytime T	elephone 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:

TO:

Registration Section

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

2015 DEC II AM II: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EAST WAST BUFFET LLC

(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears on our record bility Company)	<u>is.</u>)
The Articles of Organization for this Limited I Clorida document number L14000053674	Liability Company w	vere filed on 4/2/2014	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name (</u>	of the limited liabili	ty company here:	
he new name must be distinguishable and contain the	words "Limited Liability	y Company," the designation "LLC	C" or the abbreviation "L.L.C."
Cnter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u> </u>		
s. If amending the registered agent and egistered agent and/or the new registered of		ce address on our record	s, enter the name of the n
Name of New Registered Agent:	TIAN YANG		
New Registered Office Address:	4121 NORTH PI	NE ISLAND ROAD	
		Enter Florida street addre	ss
	SUNRISE		lorida <u>33351</u>
		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	REN DONG YUAN	4121 N PINE ISLAND ROAD	
		SUNRISE, FL 33351	■ Remove
		4121 N PINE ISLAND ROAD	☐ Change
MGR TIAN YANG	SUNRISE, FL 33351	Add	
			□ Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
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	<u></u>	□ Remove	
			Change
			Add
		-	□ Remove
			☐ Change

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<u> </u>		
		
lote: If the date inserted in this	the date of filing: 12/16/2015 (optional)	suant to 605.0207 (3)(b not be listed as the
e record specifies a dela The 90th day after the i	ved effective date, but not an effective time, at 12:01 a.m. on ecord is filed.	the earlier of:
December 10	2015	
1	Missing	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00