114000146459

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zi	b/Phone #)				
PICK-UP W	AIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Cer	tificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



700291543857

10/24/16--01017--010 **25.00



OCT 26 2016

Y SULKER

COVER LETTER

TO: Registration Sec Division of Corp						
subject: <u>Ве</u>	an Sprout	S Asain ame of Limited Liability	Cuisine L.L.C			
Dear Sir or Madam:						
The enclosed Statement of Correction and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
LOUAN	N NGUYEN Name of Person	<u>!</u>				
Bean Sprouts Asain Cuisine LLC						
2221-115 Town Center Ave						
Viera, FL. 32940 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call: (321) 632 - 8999 (Restaurant) LOVANN NGUYEN at 321 917 - 4739 (cell)						
LOVANN Name o	GUYEN f Person	at (321 Area Code)	917-4739 (cell) Daytime Telephone Number			
STREET/COURIER AND Registration Section Division of Corporations Clifton Building 2661 Executive Center Couries Tallahassee, Florida 3230	iirele	Rep Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Illahassee, Florida 32314			
Enclosed is a check for the following amount:						
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy			
CR2E062 (9/15)						

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ion 605.0209, F.S., this document is being submitted.		0 1 1
FIRST	: The na	me of the limited liability company is: Bear	n Sprouts Asain	<u> </u>
	-		1 11100	0111110
SECO	ND:	The Florida Document number of the limited liab	bility company is: 1400	0146459
THIRI) :	Document to be corrected is: Name.	Spelling	
	Œ	CHECK THE APPROPRIATE BOX AND COM	MPLETE THE APPLICABLE ST.	<u>ATEMENT</u>
×		ns an incorrect statement. The incorrect statement, ent are as follows:	, the reason the statement is incorrect	t, and the corrected
		he name of the rest	aurant was miss	pelled.
	Th	e correct spelling or	- wording is:	
		Bean Sprout Asian	Cuisine J. L.L.	C
	OR			
_	_	•		
	Was de as folk	efectively signed. The manner in which the documous:	nent was defectively signed and the a	ppropriate correction are
				表記と
	-			
			1	Es so
	<u>OR</u>			
	The el	ectronic transmission of the record was defective.	1	1
		lou Amanuell	10/14	1/16
		Signature of Authorized Representative	Date	·
-		w registered agent, if applicable :(NOTE: if corrections)	cting the registered agent, the new re	gistered agent must sign
accepti	ng the d	esignation).		
New R I hereb	egistere	1 Agent's Signature, if changing Registered Agent the appointment as registered agent and agree to	<u>:</u> act in this capacity. I further agree t	o comply with the
provisi obligat reflect	ons of a	ll statutes relative to the proper and complete perfo ny position as registered agent as provided for in C e in the registered office address, I hereby confirm	ormance of my duties, and I am famil Chapter 605, F.S. Or, if this documer	liar with and accept the nt is being filed to merely
	Registered Agent's Signature			
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	