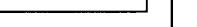
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1. HARFIS

COVER LETTER

TO: Registration Division of C		
CUBIECT.	Liu's Sushi LLC Name of Limited Liability Company	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corres	spondence concerning this matter to the following:	
	Xina Lin	
	Name of Person	
	Liu's Sushi LLC Firm/Company 303 SE 17th St Unit 306 Address	
	Firm/Company	
	303 SE 17th St Unit 306	
	Address	
	City/State and Zip Code Xing Ling Good @ Yahov - com E-mail address: (to be used for future annual report notification)	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information	n concerning this matter, please call:	
V.,,a	1: 2/ 070 0.10	
Name	at (706) 879-8168 e of Person Area Code Daytime Telephone Number	
Enclosed is a check for	r the following amount:	
\$25.00 Filing Fee	(additional copy is enclosed) Certified C	of Status &

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

Liu's Si	ushi LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability (Florida document number L 150000 69212	Company were filed on	4/20/2015	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Li	mited Liability Company," the de	signation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		<u>₹</u> 6,	
(Principal office address MUST BE A STREET ADD)	RESS)		-
		HA A	AP II
		SSE VAX	24
Enter new mailing address, if applicable:		—————————————————————————————————————	P : "
(Mailing address MAY BE A POST OFFICE BOX)	·	C C C C C C C C C C C C C C C C C C C	ယ္
		Ş.	<u>5</u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter the</u>	e name of the n
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
		, Florida	Zip Code
	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Qin Liu	Address 303 SE 17th St Unit 306 Ocala, FL 34471	Add Add
			□ Remove
			□ Remove
			□ Add
			□ Remove
		ALL AHA	2015 APRP4 PRemove: 3:51
		SEE, FLORIC	FRemove 3:
			□ Remove
			Remove

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	e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
he date th	his document is filed by the Florida Department of State)
he date ti	his document is filed by the Florida Department of State) 4/21/201
he date th	his document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE, FI GOTE

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