L160000 51144

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co				
FUJI HOU				
SUBJECT:	Name of Lin	nited Liability Company		
	f Amendment and fee(s) are sub ondence concerning this matter			
	CAROLINE LARSON			
		Name of Person		_
	LARSON ACCOUNTING	G AND CONSULTING SERVICES		TAS SE
		Firm/Company		
	7901 KINGSPOINTE PA	RKWAY SUITE 17		JUN 17 AN 11: 19 REFARY OF STATE ANNASSEE, FLORIDA
		Address		
	ORLANDO, FL 32819			ELSIA SISTE
	PRIVATE@LARSONACC	City/State and Zip Code CCOM		· 原用 19
	E-mail address: (to be used for future annual report notifi	cation)	
For further information of	concerning this matter, please c	all:		
CAROLINE LARSON		407 3703686 at ()		
Name o	of Person	Area Code Daytime	Telephone Numbe	r
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
Registr	ING ADDRESS: ration Section	STREET/COURIE Registration Section Division of Company		

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUJI HOUSES LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/11/2016	and assigned
Florida document number L16000051144		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	7901 KINGSPOINTE PARKWAY SUIT	ГЕ 17
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32819	
		SE SE
Enter new mailing address, if applicable:	7901 KINGSPOINTE PARKWAY SUIT	
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32819	Find 7 IT
		已公 星
B. If amending the registered agent and/or registered of		the name of the ne
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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
AMBR	ANDERSON F DE SOUZA	1901 KINGSPOINTE PARKWAY SUITE 17	Add
		ORLANDO, Fl. 32819	□ Remove
			Change
			Add
			Remove
			☐ Change
			□ Remove
			SE Change
			FILED RETAN OF STATE AHASSEE, FLORIDA
			Remove
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

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an effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than lote: If the date inserted in this block does not meet the applicable statutory filing requiocument's effective date on the Department of State's records.	(optional) 190 days after filing.) Pursuant to 605.020 rements, this date will not be listed a
e record specifies a delayed effective date, but not an effective time, and the sound that the record is filed.	at 12:01 a.m. on the earlier (
ated JUNE , 2016.	
Signature of a member or authorized representative of a me	ember
inglimite of a memory of authorized representative of a fix	

Page 3 of 3

Filing Fee: \$25.00