

**L16000211929**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG 14 PM 1:14

M. COOPER

AUG 17 2018

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JAY'S SUSHI, LLC  
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:

SOVOEUTH TRAN  
Name of Person  
Firm/Company  
441 41ST STREET NORTH  
Address  
ST. PETERSBURG, FL 33713  
City/State and Zip Code  
SOVOEUTH.TRAN@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SOVOEUTH TRAN at (727) 403-0188  
Name of Person Area Code Daytime Telephone 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:**  
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



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> | <u>Address</u>           | <u>Type of Action</u>                   |
|--------------|-------------|--------------------------|---|
| CEO          | JASON TRAN  | 441 41ST STREET NORTH    | <input checked="" type="checkbox"/> Add |
|              |             | ST. PETERSBURG, FL 33713 | <input type="checkbox"/> Remove         |
|              |             |                          | <input type="checkbox"/> Change         |
|              |             |                          | <input type="checkbox"/> Add            |
|              |             |                          | <input type="checkbox"/> Remove         |
|              |             |                          | <input type="checkbox"/> Change         |
|              |             |                          | <input type="checkbox"/> Add            |
|              |             |                          | <input type="checkbox"/> Remove         |
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|              |             |                          | <input type="checkbox"/> Remove         |
|              |             |                          | <input type="checkbox"/> Change         |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 10 2018

Handwritten signature of Sovoeuth Tran

Signature of a member or authorized representative of a member

SOVOEUTH TRAN

Typed or printed name of signee