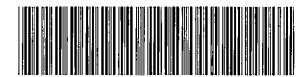
L17000121501

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SECRETARY OF SIMILE TALL AHASSEE, FLORIDA

VY

COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT:A	my Star IZA Name of Lim	<u>Kaya Siesta K</u> ited Lialfility Company	ey LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Khom	Supharat Name of Person	
	Amy Star	Izakaya Sirsta Firm Company	Kry
	423 415+	Street Address	
		City/State and Zip Code	
	Gwaken 6 E-mail address: 6	gun & Yahou. com	ification)
For further information c	oncerning this matter, please ca	all:	
Nicholas (Livo f Person	at (<u>941</u>) <u>536</u> Area Code Daytin	- 0389 ne Telephone Number
Enclosed is a check for the	ne 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amy Star Izakaya	Siesta k	Ley LLC				
Amy Star Izakaya (Name of the Limited Liability Compar (A Florida Limited L	i <mark>y as it now appe</mark> lability Company)	ars on our records.)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000121501</u> .	were filed on _	6-2-2017	and assigned			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabi	lity company l	<u>iere</u> :				
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the	designation "LLC" or the ab	obreviation "L.L.C."			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)		AL P	32 23			
		AH,	A A			
		ŚŚ	£ 3			
Enter new mailing address, if applicable:	-					
(Mailing address MAY BE A POST OFFICE BOX)			(r) (a)			
			5 5 6			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our	records, <u>enter the nam</u>	e of the new register			
New Registered Office Address:						
New Registered Withee Address.	Enter Flo	orida street address				
		, Florida				
	City		Zıp Code			
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of rovided for in	of my duties, and I am f Chapter 605, F.S. Or,	familiar with and if this document is			

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
AMBR	Lakkana Supharat	423 41 Street W	□Add
		Palmetto, FL 34221	⊠Remove
			□Add
			🗆 Remove
		 	□Change
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f an effective date Note: If the dat	if other than the is listed, the date is enserted in this ective date on the	must be specif s block does	ic and eanor not me	umot be p	olicable :			an 90 days		ng.) Pursi		
record specific d is filed.	s a delayed effec	otive date, bu	it not ai	ı effectiv	e time, a	it 12:01 a	.m. on the	e earlier o	où (b)	The 90th	ı day aft	er the
	zy 19+	h	;	202.	<u>3</u> .							
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