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JAN 31 2019 S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor					
	OMA SUS	HI, LLC				
SUBJI	ECT:		ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	indence concerning this matter	to the following:			
		DIEGO I QUIJADA				
			Name of Person			
		OMA SUSHI				
Firm/Company						
	12700 COUNTRYSIDE TER					
			Address			
		COOPER CITY				
		DIEGO@OMASUSHI.CO	City/State and Zip Code M			
		E-mail address: (to be used for future annual report notifi	cation)		
For fu	ther information c	oncerning this matter, please c	all:			
DIEG	O QUUADA		954 8500619			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	ne following amount:				
₽ \$ 2	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OMA SUSHI, LLC		
(Name of the Lim	ted Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited E Florida document number L18000162879	iability Company were filed on 05	JULY 2018 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :
OMA SUSHI HOLDINGS, LLZ		
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREI		
		1
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>+ \$\frac{\pi}{2}\$</u>
		11 2
B. If amending the registered agent and registered agent and/or the new registered of	0	our records, enter the name of the ne
Name of New Registered Agent:	DIEGO I QUIJADA	
New Registered Office Address:	12700 COUNTRYSIDE TER	
new Acgistered Office Address.	Enter Flor	ida street address
	COOPER CITY	, Florida ³³³³⁰
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DIEGO I QUIJADA TIRADO	12700 COUNTRYSIDE TER	
			Add
		COOPER CITY, FL 33330	
		<u> </u>	Remove
			5
MGR	INECCO LONGIA ENA	12700 COUNTRYSIDE TER	Change
MICIK	DIEGO I QUIJADA	12700 COOKINI SIDE TER	
		COOPER CITY, FL 33330	
			Remove
			Change
MGR	PEDRO J QUIJADA	12700 COUNTRYSIDE TER	
			= Add
		COOPER CITY, FL 33330	5 .0
			□ Remove
			Change
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n effi	te, if other than the date of filing: (optional) ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu	
	date inserted in this block does not meet the applicable statutory filing requirements, this date will na ffective date on the Department of State's records.	ot be listed as the
	·	
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	ne earlier of:
	day after the record is filed.	
ted	Signature of a member or authorized representative of a member	-
-		

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Filing Fee: \$25.00