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2019 SEP -9 PH 12: 58

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COVER LETTER

Name of Lir Name of Lir es of Amendment and fee(s) are sultrespondence concerning this matter Todd Bullock Sushi Rollz 4920 Umber Way N		
Name of Lir es of Amendment and fee(s) are sul respondence concerning this matter Todd Bullock Sushi Rollz	bmitted for filing. r to the following: Name of Person	
Todd Bułlock Sushi Rollz	r to the following: Name of Person	
Todd Bullock Sushi Rollz	Name of Person	· · · · · · · · · · · · · · · · · · ·
Sushi Rollz	Name of Person	
	Name of Person	
	Firm/Company	
4920 Limber Way N	Firm/Company	
4920 Limber Way N	r mus ompany	
4720 Officer Way A		
Address		
Tampa, FL 33624		
sushirollztampa@gmail.co	City/State and Zip Code	
E-mail address:	(to be used for future annual report notifi	cation)
ion concerning this matter, please o	call:	
	813 449-0621	
nne of Person	at () Area Code Daytime	Telephone Number
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ce ☐ \$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)
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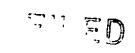
Registration Section

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



2019 SF2 - 9 PM 12: 5

You Book We Cook LLC		
(Name of the Limited Liability Compa (A Florida Limited)	i <mark>ny as it now appears on our</mark> Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000010840</u> .	were filed on 01/09/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designatio	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4920 UMBER WAY N.	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FI. 33624	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ecords, <u>enter the name of the </u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
	BHEFF BOTHER STOCK	
	Citv	, Florida 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jason Pierce	220 W. MINNEHAHA ST. TAMPA, FL 33604	
			■ Remove
			□ Change
MGR Alan Goldun	Alan Goldun	3518 W. BALLAST POINT BLVD.	■ Add
			☐ Remove
			☐ Change
ambr	Todd Bullock	4920 umber Way n. Tampa, FL 33624	□ Add
			■ Remove
			☐ Change
MGR	Todd Bullock	4920 umber Way n. Tampa, FL 33624	■ Add
			Remove
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(If an effe Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	September 3 . 2019. Todd Bullock Signature of a member or authorized representative of a member
	Todd Bullock Signature of a member or authorized representative of a member
	Todal Beillock Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00