## 490000 84061

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SECRETARY OF STATE CORPORATIONS

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## **COVER LETTER**

TO: Registration Se Division of Con			
SUBJECT:	ushi O JAI	PANESE RestAURA	int HC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lin	Qi U	
	Su sh	Name of Person  I JAPANES E  Firm Company  GATE PARK U  Address	RESPONDET LLC
	5010	Firm Company  BATE PARK U	DAY # HE 6
	JACK	Address  Senville FL	32256.
	Jakgive	Surville Fl. City/State and Zip Code  (a) 9 muil , Cum to be used for future annual report notif	vatur)
For further information of	concerning this matter, please e		Kakini,
	in QiV	at ( <u>904</u> ) 755 Area Code Daytime	-5986.
Name (	of Person	Area Code Daytime	Telephone Number
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)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regisi Divisi P.O. F	ANG ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURT Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32.	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ese MestAurant LCC
(Name of the Limited Liability Compan (A Florida Limited Li	s as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number $\angle 1900084061$ .	were filed on 03/26/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	5010 GATE PARKWAY #6
(Principal office address MUST BE A STREET ADDRESS)	5010 GATE PARKWAY #6  TACKSONVILLE FLORIDA  32256
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5010 GATE PARKWAY # 6  JACK SONVIlle FLORIDA  32256
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
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 accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change	ee to act in this capacity. I further agree to comply with th performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
Te/h-	Davistary Land Signature of Year Registered Agent

SECRETARY OF STATE OF

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Manager Authorized Member			
<u>Title</u>	Name	<u>Address</u>		Type of Action
MGR	Oiv Heying	10261	RIVER HARSH DR. JACKSONVILLE 32246.	
		ApT 107	JACKSONVIlle	Remove
		FL	32246.	Change
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\_\_\_\_\_ Change

Note:	tive date, if other than the date of filing:  [Identity edate 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)  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 04/26/2019
	111/ 12/1
	Signature of a member or authorized representative of a member
	$\mathcal{L}_{ij}$
	Typed or printed name of signee
	Typed or printed name of signee  Page 3 of 3