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Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : ALPHA BUSINESS CONSULTING, LLC

Account Number : I20080000861 Phone : (407)582-9830 Fax Number : (407)601-6393

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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		MARIA D PINHEIRO		
			Name of Person	
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	!	ALPHA BUSINESS CON	SOL HNG, LLC	
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		ORLANDO, FL 32818		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	11	pinheiromaria@att.net		
] []	E-mail address: (to be used for future annual report not	fication)
For Surthe	 - information co	oncerning this matter, please c	alt.	
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MARIA D	PINHEIRO		407 582-9830	
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ARTICLES OF AMENDIMENT	. 0,5
ARTICLES OF ORGANIZATION	
OF	
	20 7
NIKKEY SUSHI, LLC	
 	
(Name of the Limited Liability Company as it now appears on our re- (A Florida Limited Liability Company)	2022 DEQ -8 A signed
The Articles of Organization for this Limited Liability Company were filed on 02/12/2020	S Cand Weighted
Florida document number L20000050266	8: 48 E. FL
	一篇
A. If amending name, enter the new name of the limited liability company here:	
MY SUSHI, ĽĽC	
The new name injust be distinguishable and contain the words "Limited Liability Company," the designation "!	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office address on our records, encagent and/of the new registered office address here:	ter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street ado	lress -
	Florida <u>32835</u>
City.	Zip Code
(ew Registered Agent's Signature, if changing Registered Agent:	
	and I am familiar with and

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

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	 Manager
MGR =	Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	NONE		□Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NONE
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)(
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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 DECEMBER 07 2022
A A A
Signature of member or authorized representative of a member
JOSE WILLIAM FERREIRA DANTAS
Typed or printed name of signes

Filing Fee: \$25.00