L20000145112

(Requestor's Name)				
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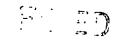
COVER LETTER

TO:

TO: Registration So Division of Cor		:		
HIBASHI SUBJEĆT:	PARTY LLC			
эовлест	Name of Lin	nited Liability Company		
The envloced Articles of	Amendment and fee(s) are sub	amitted for Elice		
	ondence concerning this matter	-		
'	J	S		
	MIN BAE			
		Name of Person		
	MIN BAE CPA INC			
		Firm/Company		
	9432 BAYMEADOWS RD STE 245			
		Address		
	JACKSONVILLE FL 322	56		
		City/State and Zip Code		
	minbae@comcast.net			
For further information c	concerning this matter, please c	to be used for future annual report no all:	tineation)	
MIN BAE		904 864-2588		
Name of Person			ne Telephone Number	
Enclosed is a check for the	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)	
Mailing Address:		Street Address:	antian	
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



HIBASHI PARTY LLC	2023 JUN 23 AM 7: 15		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.)		
,	2023 JUN 23 AH 7: 15 any as it now appears on our records.) Liability Company) 2023 JUN 23 AH 7: 15 ANY 25 AH 7: 15 Any as it now appears on our records.) Liability Company) 2023 JUN 23 AH 7: 15 Any as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on 05/28/2020 and assigned		
Florida document number L20000145112			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	Charles and the decimal of the Company of the Compa		
The new name must be distinguishable and contain the words. Limited Liam			
Enter new principal offices address, if applicable:	7261 DEERFOOT POINT CIRCLE UNIT 3		
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE		
	FL 32256 US		
Enter new mailing address, if applicable:	7261 DEERFOOT POINT CIRCLE UNIT 3		
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE		
	FL 32256 US		
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the name of the new register</u>		
agent and/or the new registered office address here:			
Name of Name of Association			
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 agr	ee to act in this capacity. I further agree to comply with th		

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 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

Title	<u>Name</u>	Address	Type of Action
AMGR	SAKTIPAN DAKHI	8320 THOR STREET	□Add
		JACKSONVILLE	≣ Remove
		FL 32216. US	□Change
AMBR	BRITTANY N DAKHI	8320 THOR STREET	🗆 Add
		JACKSONVILLE	■Remove
		FL 32216. US	□Change
AMBR	IKADEK E PRANATA	7261 DEERFOOT POINT CIRCLE UNIT 3	≡ Add
		JACKSONVILLE	□Remove
		FL 32256	□Change
			🖸 Add
			🗆 Remove
			□Change
	- <u>-</u>		□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 ____ JUNE 20 2023 Signature of a member or authorized representative of a member GEDE T RATENDRA Typed or printed name of signee