Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SACONSA GROUP LLC

Account Number : I20200000187 Phone : (786)757-2436

Fax Number : (786)513-5977

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

Email Address:



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HIROMI SUSHI INTERNATIONAL LLC

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1	• (COVER LETTER		H2300021	4235
TO: Registration S Division of Co					
	SUSHI INTERNATIONAL LL	С		*	ė
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing			
Please return all corresp	ondence concerning this matter	to the following:			
	JESUS LEON				
		Name of Person	· · · · · · · · · · · · · · · · · · ·		
	SACONSA GROUP LLC	:			
		Firm/Company		_	
	3625 NW 82 Avenue Su	ite 100-K			
		Address			
	DORAL, FL 33166				
		City/State and Zip Code		_	
	JESUSLEONTERAN@GN E-mail address: (IAIL COM to be used for future annual report notif	ication)		
For further information of	concerning this matter, please ca				
JESUS LEON		786 7572436 at ()			
Name (of Person	Area Code Daytim	- Telephone Numbe	er -	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	

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

H230002142353

From: JESUS LEON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIROMI SUSHI INTERNATIONAL LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____07/28/2021 and assigned Florida document number ___L21000340742 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3625 NW 82ND AVE SUITE 318 Enter new principal offices address, if applicable: DORAL (Principal office address MUST BE A STREET ADDRESS) FL. 33166 3625 NW 82ND AVE SUITE 318 Enter new mailing address, if applicable: DORAL (Mailing address MAY BE A POST OFFICE BOX) FL, 33166 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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 = 3 AMBR = 3	Manager Authorized Member		H230002142353
Title	Name	Address	Type of Action
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Filing Fee: \$25.00

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