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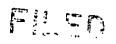
CUVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT:	Smorgasbu	ırg Miami LLC			
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	l Articles of a	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Gaston Becherano Cohe			
			Name of Person	 -	
		Smorgasburg Miami LLC			
			Firm Company		
		501 Golden Isles Drive S	Suit 203-A		
			Address		
		Hallandale Beach, Ft 33	8009		
			City/State and Zip Code		
		gaston@smorgasburgmia			
		E-mail address: (to be used for future annual repo	rt notification)	
For further in	iformation co	oncerning this matter, please co	all:		
Gaston Bed	:herano		954 38345	33	
	Name of	Person	at () Area Code E	Daytime Telepho	ne Number
Enclosed is a	check for the	e following amount:			
□ \$25,00 t	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)
Reg Div P.C	iling Address gistration S vision of Co). Box 6327 lahassec, F	ection orporations 7	The Centre 2415 N. M		see , Suite 810

CX \$1043 \$60-

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Smorgasburg Miami LLC		2021 NOY -8 PH 1:
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) (Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 10/05/2021	SECRETARY OF STA
Florida document number L21000436231		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
Nishiki Market LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the a	bbreviation "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 agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter the nan	ae of the new registered
New Registered Office Address:		
-	Enter Florida street address	
	, Florida	
	City	Zıp Code
New Registered Agent's Signature, if changing Registered Agen	<u>at:</u>	
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and I am s provided for in Chapter 605, F.S. Or,	familiar with and , if this document is
If Ch	nanging Registered Agent. Signature of New R	paicturud Asunt

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:

MGR = AMBR =	Manager Authorized Member	
Titla	Namo	Add

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			□Add
			Change
			□Add
			DRemove
			□Add
			= Remove
			☐Change
			□Add
			□ Remove
			□Change
			⊒Remove
			□Chanve

Page 2 of 3

•	tion, enter change(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
ffective date, if other than the d	date of filing: (optional) the specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03
<u>lote:</u> If the date inserted in this blococument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed
e record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the earlier ord is filed.
November 4th ated	2021
<u>\$</u>	Signature of a member or authorized representative of a member
Gaston Becherano Coh	

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Filing Fee: \$25.00