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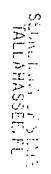
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COVER LETTER

· TO: ' Registration Section

Division of Corporations

Tallahassee, FL 32314

12112721251	CLANDERDO LLO	·	•
SUBJECT: THESEN A	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DANIEL P NGUYEN		
		Name of Person	
	SUNNY LLC		
		Firm/Company	
	10491 SIX MILE CYPRE		
		Address	
	FORT MYERS, FL 33966		
	thuyhongto@gmail.com	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information e	oncerning this matter, please c	all:	
DANIEL P NGUYEN		at (404) 226-8113	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 radditional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sc Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

THESEN ASIAN BISTRO LLC

2022 JUN 21 AM 8: 23

N BISTRO LLC

(Name of the Limited Liability Company as it now appears on our records) in the Limited Liability Company)

(A Florida Limited Liability Company)

TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 01/20/2022 and assigned Florida document number L22000034149 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 "L.I.C" or the abbreviation "L.I.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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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.

City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		NAPLES, FL 34109	□Remove
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Dated	UNE 17		
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	Signature of a member or authorized representative of a mem		
	Signature of a member or authorized representative of a mem	ner	