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## **COVER LETTER**

TO:		istration Sec ision of Corp		•	٠.			
eno ie	CT.	Sus Hi Franc	chisor LLC					
SUBJE	C1;	-	Name of Lim	ited Liability Company		phone Number  \$60.00 Filing Fee, Certificate of Status & Certified Copy		
The en	closed	Articles of A	mendment and fee(s) are sub	mitted for filing.	ompany  lig.  lig.  Person  Impany  less  d Zip Code  Iture annual report notification)  7 256-6948  a Code Daytime Telephone Number  Filing Fee &			
Please	return	all correspon	dence concerning this matter	to the following:				
			Teresa Tran					
				Name of Person	<u>.</u>			
			Sus Hi Eatstation					
				Firm/Company	<del></del>			
		9436 Walnut Crest Drive						
			Address					
			Orlando, FL 32832					
			City/State and Zip Code misoeel@sushieatstation.com					
			E-mail address: (	to be used for future annual rep	port notification)	<del></del>		
For fun	ther in	iformation co	ncerning this matter, please ca	all:				
Teresa Tran				407 256-6 at ()				
		Name of	Person	Area Code	Daytime Telepho	one Number		
Enclose	ed is a	check for the	e following amount:					
<b>■</b> \$2:	5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		Certificate of Status &		

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sus Hi Franchisor LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	v were filed on February 9, 2022	and assigned
Florida document number 1.22000068737		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	bility company here:	
Sus Hi Fatstation Franchise LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• •		20
Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
		<del> </del>
		<u> </u>
Enter new mailing address, if applicable:		^ <del>-:</del>
Mailing address MAY BE A POST OFFICE BOX)	-	
		ns :
		<u>m</u> o
B. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the nai	ne of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	zip Coae

## 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.

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
			□Add
			□Change
			□Add
			□Remove
	=		
			Remove
			□Change
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Effective date, if other than the an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	s block does not meet t	he applicable statutor	ng or more than 90 days ry filing requirements	o <b>ptional)</b> after filing.) Pursuant to 6 s, this date will not be l	505.020° isted as
	artina data hise isa is	Tective time, at 12:01	a.m. on the earlier of	of: (b) The 90th day a	fier the
	ctive date, but not an ef	. •			
e record specifies a delayed effect rd is filed. May 24		,			
	ctive date, but not an ef	24			
rd is filed.	. 203	24 cer or authorized represe	entative of a member		

Filing Fee: \$25.00