# h22000079628

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T. MATTHEWS JUL 19 2022

#### **COVER LETTER**

Division of Corporations	
SUBJECT: Hibachi Miami, LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Edwin Ada	am1
Name of Person	
Firm/Company	
2350 N. Universit	Dr. #841104
Pembroke Pines, F  City/State and Zip Coo  Nibachimiamif L  E-mail address: (to be used for future annu	
<u>Nibachi mi ani f L</u> E-mail address: (to be used for future annu	a gmail. com
For further information concerning this matter, please call:	
Edwin Adam at (954)	743-6743
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fe Certificate of Status ☐ \$55.00 Filing Fee Certified Copy (additional copy is	Certificate of Status &

#### Mailing Address:

TO:

Registration Section

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

## ARTICLES OF ORGANIZATION OF CORPORATIONS OF

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Hibachi Miami	ILC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000079628</u>	were filed on 01 19 2022 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Miami Gardens, FL 33056			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2350 N University Dr. ± 841104 Pembroke Pines, FL 3308C			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered			
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 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
VP	<u>Linda Adam</u>	2350 N. University Dr	
		#841104	Remove
		Pembroke Pines, FL 3308	<u> </u>
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ed	April 21		<u>2018</u>	<u> </u>			
	1dg	Am	/				
		Signature of	a member or auti	iorized representat	ve of a member		
				Adam  Ited name of signee			