

L22000 079 628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

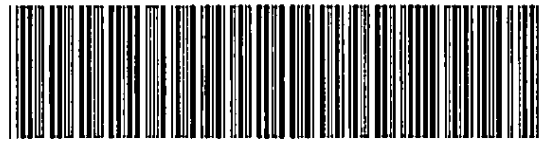
(Business Entity Name)

(Document Number)

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01/09/23--01018--019 **60.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

Hibachi Miami, LLC

SUBJECT: _____
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 Adam

Name of Person

Firm/Company

2350 N. University Dr. #841104

Address

Pembroke Pines, FL 33084

City/State and Zip Code

hibachimiamifl@gmail.com

E-mail address: (to be used for future annual report notification)

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 &
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)

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**

Hibachi Miami, 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 01/19/2022 and assigned Florida document number L22000079628.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13750 NW 7th AVE

Miami, FL 33168

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2350 N. University Dr.

841104

Pembroke Pines, FL 33084

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:

Antonia Giordani

New Registered Office Address:

2350 N. University Dr # 841104

Enter Florida street address

Pembroke Pines

City

Florida

33084

Zip Code

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.

Antonia Giordani

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>Petion Carvil Jr.</u>	<u>1311 NE 210th ter.</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33179</u>	<input type="checkbox"/> Remove
		<u>2350 N. University Dr.</u>	<input type="checkbox"/> Change
<u>CEO</u>	<u>Antonia Giordani</u>	<u>#841104, Pembroke Pines, FL 33084</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Edy Ada
Signature of a member or authorized representative of a member

Edwin Adam
Typed or printed name of signee

Filing Fee: \$25.00