

L22000519810

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## 5. CONCLUSIONS

06/05/24

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LJ Hayashi Japanese Restaurant 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:

Weerawan Vaikayee

Name of Person

LJ Hayashi Japanese Restaurant LLC

Firm/Company

4204 Northlake Blvd

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

wantvail@hotmail.com

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

For further information concerning this matter, please call:

Weerawan Vaikayee

Name of Person

at ( 954 ) 494-4516

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**

LJ Hayashi Japanese Restaurant 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 12/12/2022 and assigned  
Florida document number L22000519810.

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 "LLC."

**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:**

Weerawan Vaikayee

**New Registered Office Address:**

4204 Northlake Blvd

Enter Florida street address

Palm Beach Gardens

Florida 33410

City

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.*

  
**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>
AMBR	Leon Trammell	4204 Northlake Blvd	<input type="checkbox"/> Add
		Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Weerawan Vaikayee	158 Cocoplum Lane	<input checked="" type="checkbox"/> Add
		Royal Palm Beach, FL 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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S: 12.12.11

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 29 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**