

7/10/24, 5:54 PM

Division of Corporations

LR3000521145

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H24000234976 3)))



H240002349753ABC4

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC
Account Number : I20230000193
Phone : (407)552-7903
Fax Number : (407)449-2348

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@CLAUDIALIMATAX.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MR SUSHI LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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2024 JUL 17 PM 1:45
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2024 JUL 17 PM 1:27

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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JUL 18 2024
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July 16, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MR SUSHI LLC
1415 W OAK STREET
STE 422298
KISSIMMEE, FL 34741US

SUBJECT: MR SUSHI LLC
REF: L23000521145

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

Please complete the name of the company you are adding as AMBR.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H24000234976
Letter Number: 724A00015426

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MR SUSHI 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:

CLAUDIA LIMA

Name of Person

CLAUDIA LIMA TAX & ACCOUNTING LLC

Firm/Company

9100 CONROY WINDERMERE RD STE 200 OFFICE 241

Address

WINDERMERE, FL 34786

City/State and Zip Code

INFO@CLAUDIALIMATAX.COM

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

For further information concerning this matter, please call:

CLAUDIA LIMA

407

552-7903

at (_____) _____

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**

MR SUSHI 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 11/17/2023 and assigned
Florida document number 1.23000521145.

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)

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:

CLAUDIA LIMA TAX & ACCOUNTING LLC

New Registered Office Address:

9100 CONROY WINDERMERE STE 200 OFFICE 241

Enter Florida street address

WINDERMERE

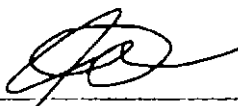
City

Florida 34786

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

Title	Name	Address	Type of Action
AMBR	PROSPER USA INVESTMENTS LLC	2292 GOLD SUMMIT ST	<input checked="" type="checkbox"/> Add
		MINNEOLA, FL 34715	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NAME OF THE NEW MEMBER IS: PROSPER USA INVESTMENTS LLC

E. Effective date, if other than the date of filing: (optional)

(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)

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.

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.

Dated JULY 9TH 2024

R/J
Ricardo J. de Melo Junior, 2024-07-09 10:33:22

Signature of a member or authorized representative of a member

RICARDO J. DE MELO JUNIOR

Typed or printed name of signee

Filing Fee: \$25.00