

2/28/24 10:52 AM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LONG LAW, P.A.
Account Number : 120200000163
Phone : (239)400-2060
Fax Number : (239)268-6101

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
YUMM SUSHI BOCA LLC

Certificate of Status	0
Certified Copy	0
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M. SOLOMON
FEB 29 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YUMM SUSHI BOCA 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

KEITH LONG

Name of Person

LONG LAW P.A.

Firm/Company

1306 SE 46TH LANE STE 1

Address

CAPE CORAL, FL 33904

City/State and Zip Code

KEITH@LONGLAWFL.COM

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

For further information concerning this matter, please call.

KEITH LONG at (239) 400-2060
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

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FILED

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

YUMM SUSHI BOCA 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 12/7/2023 and assigned Florida document number L23000542497.

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

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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>
MGR	ED LEVY	6545 LAS FLORES DR	<input type="checkbox"/> Add
		BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EDWARD LEVY	6454 LAS FLORES DR	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2024 Feb 29 Fri 3:05

F. 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 FEBRUARY 27, 2024

KIRTH LONG, ATTORNEY-IN-FACT

Signature of a member or authorized representative of a member

Keith Long, Attorney-in-fact

Typed or printed name of signee

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Filing Fee: \$25.00