L25000201299

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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TO:

	egistration Se ivision of Cor			
SUBJECT		1 SUSHI FORT LAUDERDA	LE LLC	
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		FELIPE D MARDAKIS		
			Name of Person	
		MESTRAL ADVISORS		
		<u> </u>	Firm/Company	
		PO BOX 692396		
		ORLANDO, FL 32869-2396		
			City/State and Zip Code	
		INFO@MESTRALADVIS		
			to be used for future annual report no	trication)
For further	information c	oncerning this matter, please c	all:	
FELIPE D	MARDAKIS		407 813-6214	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address:	antian
	egistration S ivision of C	Section orporations	Registration S Division of Co	
P.	O. Box 632	7	The Centre of	-
Ta	allahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

Docusign Envelope ID: 90F21C62-095F-48DC-BFDF-BB4257076E80 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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(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 Companies Florida document number L25000201299	y were filed on 04/28/2025	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC	C" 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 agent and/or the new registered office address here:	: address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	, FI	lorida
New Registered Agent's Signature, if changing Registered Agen	•	Zip Code
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	eree to act in this capacity. I fix te performance of my dutics, a s provided for in Chapter 605.	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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That amending Authorized rerson(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
AMBR	X KINGDOM FOUR LLC	5628 INTERNATIONAL DR	■Add
		ORLANDO, FL 32819	□Remove
			□Change
			Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Change
			□Add
			Remove
			□Change

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ffective date, if other than the d an effective date is listed, the date must b lote: If the date inserted in this bloc ocument's effective date on the Dep	e specific and cannot t k does not meet the	applicable statutor	ng or more than 90 days		
record specifies a delayed effective of is filed.	late, but not an effe	otive time, at 12:01	l a.m. on the earlier of	f: (b) The 90th day	after the
N 4 A 37 A 57747	2025				
MAY 15TH					
ated	 ;	 ·			
ated					
ated		or authorized represe	entative of a member		_