PO6000114318

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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: SUSHI HOUS	E OF BAYMEADOWS	INC.	
DOCUMENT NUMBI	ER: P06000114	318		
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
_		JACK KWON		PLEASE SEND ARTICL
		Name of Contact Person		OF AMENDMENT TO:
_		Firm/ Company		JACK K. KWON
~	469 LAKE ROAD Address			469 LAKE ROAD, LAKE MARY, FL
-	LAKE MARY, FL 32746			32746
	,	City/ State and Zip Code (KKWON0726@GMAIL.)		
-		sed for future annual report		
For further information	concerning this matter, plea	se call:		
JAC	K K. KWON	at (407	de & Daytime Telephone Number	_
Name of	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depi	artment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amer Divis	ing Address indment Section ion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

. Articles of Amendment Articles of Incorporation of

SUSHI HOUSE OF BAYMEADOWS INC

(Name of Corporation as current	ly filed with the Florida Dent, of State)
	15 thed with the Florida Dept. of State)
P060001	14318
(Document Number o	of Corporation (if known)
suant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the corporation:	
	The new
ne must be distinguishable and contain the word "corporation," " c.," or Co.," or the designation "Corp," "Inc," or "Co". partered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent	
	treet address)
(Florida st	•
(Florida st New Registered Office Address:	, Florida (City) (Zip Code)

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X_Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	VP	SINFAT BONG	12519 WESTBERRY MANOR DRIVE
X Add			JACKSONVILLE, FL 32223
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			·
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

(Attach additional sheets,	ij necessary).	(Be specific)				
				-		
		N/A	·			<u> </u>
<u> </u>				 -		
		 -		···	<u></u>	
	<u>- </u>					
						
						
 -						
			_		-	
					-	
If an amendment provide	es for an excha	inge, reclassificar	ion, or cancells	ation of issued	l shares	
provisions for implement (if not applicable, ind	nting the amen	dment if not cont	ained in the an	nendment its	elf:	
	,					
					<u> </u>	•
	_					
· - · · · · · · · · · · · · · · · · · · ·		N/A	<u>.</u>			
		N/A				

.

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(no more than 90 days	after amendment file date)
Note: If the date inserted in this block does not meet the applicable st locument's effective date on the Department of State's records.	catutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board o action was not required.	f directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	er of votes east for the amendment(s)
The amendment(s) was/were approved by the shareholders through ve must be separately provided for each voting group entitled to vote se	oting groups. The following statement parately on the amendment(s):
"The number of votes cast for the amendment(s) was/were suffi	cient for approval
by	
(voting group)	
Dated	
SignatureSOM	
(By a director, president or other officer – if selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	
GAO SONG	
(Typed or printed name o	f person signing)
PRESIDENT	
(Title of person signing)	-

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SUSHI HOUS	E OF BAYMEADOWS	INC.	
DOCUMENT NUMB	ER:P06000114	318		
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_		JACK KWON		PLEASE SEND ARTICLES
		Name of Contact Person	1	OF AMENDMENT TO:
-		Firm/ Company	· · · · · · · · · · · · · · · · · · ·	JACK K. KWON
_	469 LAKE ROAD			469 LAKE ROAD,
_		Address		
_	LAKE MARY, FL 32746			
_		City/ State and Zip Cod	e	
	J	KKWON0726@GMAIL.	СОМ	
_	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
JAC	K K. KWON	at (<u>407</u>	y 474-2454 de & Dayume Telephone Number	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ing Address ndment Section		Address Iment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite \$10
Tallahassee, FL 32303