P10000095707

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2024 OCT 29 AM 8: 04

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: 9FACE SUSHI CA	FE INC	
	MBER: P10000095707		
The enclosed Artic	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	LAURA MONTANARO		
		Name of Contact Per	son
	ABACUS PAYROLL & ACC	COUNTING INC	
		Firm/ Company	
	1140 NE 2ND STREE		
	-	Address	
	POMPANO BEACH, FL 330	060	
		City/ State and Zip C	ode
	ABACUSPOMPANO@AOL	COM	
	E-mail address: (to be us	ed for future annual rep	ort notification)
For further informa	tion concerning this matter, pleas		
		at () 270-3261
Nan	ne of Contact Person	Area	Code & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida D	epartment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
A D P	Initing Address Imendment Section Division of Corporations I.O. Box 6327 Initialization of Section	Ame Divi The 241	et Address endment Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

(Name of Corporation as currently filed with the Florida Dept. of State) AH 8: 04 9FACE SUSHI CAFE INC P10000095707 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association." or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent -(Florida street address) New Registered Office Address: __ New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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.

X Change	<u>PT</u>	John Doc	
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
1) Change	S T	ARISA THITISUPUDOM	1531 SE 24TH AVE
X Add	<u> </u>		POMPANO BEACH, FL
Remove			33062
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional s	ding additional Art sheets, if necessary).	(Be specific)			
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<u>If an amendment</u>	provides for an excl	h <u>ange, reclassificati</u>	ion, or cancellation	of issued shares.	
provisions for im	plementing the ame	endment if not cont	ained in the amend	<u>ment itself:</u>	
у погарриса	ible, indicate N/A)				
				-	
			<u> </u>		
			-		
					<u>.</u>
			.,		

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The date of each amendment(s) ac date this document was signed.	option:	, if other than the
Effective date if applicable:		
-	(no more than 90 days after amendment file date)	 -
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action	and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	5-3
by	(voting group)	F L
	(voting group)	FILED OCT 29 AM 8
10-23-2024	ري س	29
Dated	m m	: ᇘ M
		MM 8: 04
Signature		; 0
(13y ji di selektec	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court	.
appoint	ed fiduciary by that fiduciary)	
	ATHIT THITISUPUDOM	
	(Typed or printed name of person signing)	
	PRES/ V PRES	
•	(Title of person signing)	