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OCT 3 0 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: NIPPON SUSHI, INC. DOCUMENT NUMBER: P11000094038 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SHILA BHUIYAN Name of Contact Person NIPPON SUSHI, INC. Firm/ Company 1449 LEE RD. Address WINTER PARK, FL 32789 City/ State and Zip Code tulu.bhuiyan@att.net, RINAMONI@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ($\frac{407}{\text{Area Code}}$) $\frac{234\text{-}0345}{\text{Daytime Telephone Number}}$ SHILA BHUIYAN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

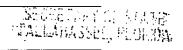
NIPPON SUSHI, INC.

OCT 20 PH 2: 36

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

P11000094038



it(s) to

	<u>ı:</u>		
N/A			
ame must be distinguishable and contain the word "corpor Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," ord "chartered," "professional association," or the abbreviate	or "Co" A professional corporation name must		
Enter new principal office address, if applicable:	1449 LEE RD.		
rincipal office address MUST BE A STREET ADDRESS)			
	WINTER PARK, FL 32789		
	1449 LEE RD.		
Enter new mailing address, if applicable:	1449 LEE RD.		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1449 LEE RD.		
	WINTER PARK, FL 32789		
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office	WINTER PARK, FL 32789		
(Mailing address MAY BE A POST OFFICE BOX)	WINTER PARK, FL 32789		
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office	WINTER PARK, FL 32789		
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office new registered agent and/or the new registered office add	WINTER PARK, FL 32789		
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent N/A	WINTER PARK, FL 32789		
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office new registered agent and/or the new registered office address of New Registered Agent N/A	WINTER PARK, FL 32789 address in Florida, enter the name of the dress:		

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>	Name	<u>Addres</u> s					
1) Change	S	SHILA BHUIYAN	6609 FAIRWAY COVE DR					
Add			ORLANDO, FL 32835					
2) Change	T	UMME BHUIYAN	246 LAKAY PLACE					
Add			LONGWOOD, FL 32779					
Remove 3) Change	Р	MD BHUIYAN	246 LAKAY PLACE					
Add Remove			LONGWOOD, FL 32779					
4) Change	VP	TULU BHUIYAN	6609 FAIRWAY COVE DR					
Add Remove			ORLANDO, FL 32835					
5) Change								
Remove								
6) Change								
Add								
Remove								

(Attach additional sheets, if necessary). (Be specific)									
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provisio	ndment pro ns for imple ot applicable	menting t	he amen	nge, reclas	sification, ot containe	or cancella	tion of issu endment i	ed shares, self:	
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The date of each amendmen	t(s) adoption: 10/16/2014	, if other than the
date this document was signed	i.	·
Effective date if applicable:	10/16/2014	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
_{Dated} 10/	16/2014	
Signature _	Shile Bhuism By a director, president of other officer – if directors or officers have not been elected by an incorporate if in the heads of cases in the state of the state	
1)	By a director, president of other officer – if directors or officers have not been elected, by an incorporato – if in the hands of a receiver, trustee, or other court	
a	ppointed fiduciary by that fiduciary)	
	SHILA BHUIYAN	
	(Typed or printed name of person signing)	_
	SECRETARY	
	(Title of person signing)	·