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DEC 1-1 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT:	A TASTE OF	THAI CUISINE, LLC		
JOBSECT,		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corre	spondence concerning this matte	r to the following:		
	R	RODNEY S WHITE, CPA		
		Name of Person		
	RODNEY S WHITE, CP			
	Firm/Company			
•	4650 LIPSCOMB ST NE, SUITE 20			
	Address  PALM BAY, FL 32905  City/State and Zip Code			
	RODWH	ITECPA@EARTHLINK.NET to be used for future annual report notifica	<del></del>	
			tion)	
For further information	n concerning this matter, please	call:		
RODI	NEY S WHITE, CPA		28-9366	
Nan	ne of Person	Area Code & Daytime T	elephone Number	
Enclosed is a check fo	or 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		STREET/COURIER Registration Section		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A TASTE OF THAI CUISINE, LLC

(Name of the Limited L.) (A F	lorida Limited L	iability Company)	
The Articles of Organization for this Limited Liab Florida document number			
This amendment is submitted to amend the follow	ring:	RO THE BOOK OF THE PARTY OF THE	
A. If amending name, enter the new name of the	ne limited liab	ility company here:	
The new name must be distinguishable and end with the L.L.C."	he words "Limi	ted Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		1924 N HIGHWAY A1A	
Principal office address MUST BE A STREET ADDRESS)		INDIAN HARBOUR BEACH, FL 32937	
Enter new mailing address, if applicable:		1924 N HIGHWAY A1A	
Mailing address MAY BE A POST OFFICE BOX)		INDIAN HARBOUR BEACH, FL 32937	
3. If amending the registered agent and/or registered agent and/or the new registered office		fice address on our records, enter the name of the new e:	
Name of New Registered Agent:	ANAMIKA KOMOLBOON-GREEN		
New Registered Office Address: 1924 N HIGHWAY A1A			
		Enter Florida street address	
	INDIAN H	ARBOUR BEACH Planta 32937	

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title Name **Type of Action** Address **MGRM** SORALUK TRISOPHON 2849 MADEIRA CIRCLE ☐ Add MELBOURNE, FL 32935 ✓ Remove MGRM ANAMIKA KOMOLBOON-GREEN 1924 N HIGHWAY A1A ✓ Add INDIAN HARBOUR BEACH, FL 32937 ☐ Remove ☐ Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) DECEMBER 7 2009 Anamilia Signature of a member or authorized representative of a member ANAMIKA KOMOLBOON-GREEN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00