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| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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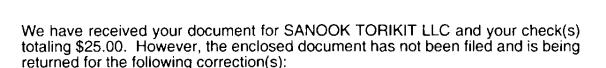


October 20, 2018

BRUCE HORNSTEIN BRUCEHORNSTEIN, P.A. 6961 INDIAN CREEK DRIVE MIAMI BEACH, FL 33141

SUBJECT: SANOOK TORIKIT LLC

Ref. Number: L12000005728



The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 718A00021547

www.sunbiz.org

COVER LETTER

| • | | COVER LETTER | | |
|----------------------------|---|---|-------------------------------|--------------------------|
| TO: Registration Se | ection A | 1 | | |
| Division of Cor | | · | | |
| SANOOK | TORIKIT LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | BRUCE HORNSTEIN | | | |
| | | Name of Person | | ALL 0 |
| | BRUCEHORNSTEIN, P., | ۸. | | DCT 26 M |
| | | Firm/Company | | SSEL |
| | 6961 INDIAN CREEK DI | RIVE | | SSEE, FLOR |
| | | Address | | # 39 ATE DRIDE |
| | MIAMI BEACH, FLORII | DA 33141 | | ¥-, W |
| | | City/State and Zip Code | | |
| | BHORNSTEIN@HORNST | | | |
| | E-mail address: (| to be used for future annual report notif | fication) | |
| For further information c | oncerning this matter, please ea | ıll: | | |
| BRUCE HORNSTEIN | | 305 397-8476 | | |
| Name c | of Person | at () Area Code Daytime | e Telephone Number | |
| | | | | |
| Enclosed is a check for t | he following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy | | of Status & |
| | | (additional copy is enclosed) | Certified C (additional co | lopy opy is enclosed) |
| | INV. A DINDERS | omis non-co | DO A BONDO | |
| | ING ADDRESS: ration Section | STREET/COURI 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

| SANOOK TORIKIT LLC | | |
|---|--|--|
| (Name of the Lim | ited Liability Company as it now app (A Florida Limited Liability Company | ears on our records.) |
| The Articles of Organization for this Limited I | | 01/12/2012 and assigned |
| Florida document number L12000005728 | . | |
| This amendment is submitted to amend the fol | lowing: | |
| A. If amending name, <u>enter the new name o</u> | of the limited liability company | <u>here</u> : |
| The new name must be distinguishable and contain the | words "Limited Liability Company." th | |
| Enter new principal offices address, if appli | cable: | SECONDALL |
| (Principal office address MUST BE A STRE | ET ADDRESS) | <u> </u> |
| | | 2 L |
| | | m _q _z U |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE | (BOX) | |
| | | |
| | | |
| B. If amending the registered agent and registered agent and/or the new registered of | | on our records, enter the name of the no |
| | | |
| Name of New Registered Agent: | BRUCE HORNSTEIN | |
| New Registered Office Address: | 6961 INDIAN CREEK DRIVE | |
| | Enter F | lorida street address |
| | MIAMI BEACH | Florida 33141 |
| | Cin | Zip Code |

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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(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 |
|--------------|----------------|-------------------------------|-----------------|
| MGR | KEVIN L KING | 7125 RUE GRAINVILLE APT.1 | |
| | | MIAMI BEACH, FLORIDA 33141 | ■ Remove |
| | | | ☐ Change |
| MGR | JOSHUA SHEMTOV | 700 N.E. 90TH STREET | _ Add |
| | | MIAMI, FLORIDA 33138 | □ Remove |
| | | | □ Change |
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| | | | ASSEC, FLORINGE |
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| E. Effective date, if other than the an effective date is listed, the date | he date of filing: | | 2.471V | (optional | l) | .05 020 |
| Note: If the date inserted in this | must be specific and ca a block does not me | annot be prior to date et the applicable s | tatutory filing requ | n 90 days after film firements, this dat | g.) ruisiiancio d .e will not be li | isted as |
| document's effective date on the | | | , , | | | |
| | | | | | | |
| If the record specifies a dela | ved effective da | te, but not an | effective time, | at 12:01 a.m | . on the ear | lier o |
| (b) The 90th day after the r | ecord is filed. | | | | | |
| S. 200 A 1 1 1 1 | | | | | | |
| Dated | | 2018 | | | | |
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| | 66 | | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00