L14 000068737

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COVER LETTER

Registration Section

Division of Corporations

TO:

THAI CAF SUBJECT:	E,1, LLC	. •	•
30bJEC1	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	THOMAS WILLIAMS CI	PA	
		Name of Person	
	WILLIAMS & WILLIAM	IS CPA'S	
		Firm/Company	<u> </u>
	165 WELLS RD SUITE 2	01	
		Address	
	ORANGE PARK, FL 320	73	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	TOM@ORANGEPARKCP	PA.COM	
	E-mail address: (to be used for future annual report noti	fication)
for further information of	concerning this matter, please c	all:	
THOMAS WILLIAMS		904 278-5566	
Name o	of Person	Area Code Daytim	e Telephone Number
inclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Seconds of Core The Centre of Tallahassee, FL	porations Tallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THAI CAFE I, LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/28/2014	and assigned
Florida document number L14000068737		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2020
		C.
		EC 2
Enter new mailing address, if applicable:		. o :=
(Mailing address MAY BE A POST OFFICE BOX)		: D
		·.:
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	da Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and in provided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is

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
MGRM	CHAIBOONMA, PIYATIDA	1177 PARK AVE UNIT 4	
		ORANGE PARK, FL 32073	□Remove
			= Change
			□Add
			Remove
			□ Change □ 740 □ 11. [
			Remove
			Change □ Change
			□Add
			Remove
			□Change
	.		□Add
			□Remove
			
	·		
			
			Change

	
	2020
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time is filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after th
DECEMBER 22 2020	
/ # 1 A!	