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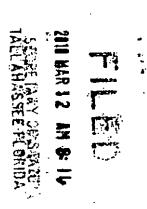
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	88 Zest,	LCC	
	Name of Limite	d Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Panian	Srivdomsi	lp
	88 Ze	Srivdom Si Name of Person Styll	
		rimicompany	
	Hallanda	Allowable Be Address City/State and Zip Code 5711 (C) G Mail be used for future annual report notified.	009
	PEOM h-nfail address: (to	City/State and Zip Code 5711 (Co J) MOI be used for future amual report notif	ication)
For further information co	ncerning this matter, please call	:	
Panido Name of	Srivdomsilj Person	2 at (<u>305</u>) <u>80[9</u> Area Code Daytime	O 7-O
		•	,
Enclosed is a check for the	following amount:		
□ \$25.00 Filling 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 27, 2018

PANIDA SRIUDOMSILP A1719 E HALLANDALE BEACH BLVD HALLANDAL, FL 33009

SUBJECT: 88 ZEST, LLC Ref. Number: L17000206965



We have received your document for 88 ZEST, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 3 is missing.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 918A00004033

RECEIVED
BITHAR 12 AN 10: L
DEPARTMENT OF STATE
DAVISION OF CORPORATION
TALLAHASSEE. FLORIUS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

0F

80 2621,0	
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>LA00206965</u> .	any were filed on $10/06/20$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	Pro Com
Enter new mailing address, if applicable:	ASSE NO.
(Mailing address MAY BE A POST OFFICE BOX)	73 × 107
	0 7
	SW 4
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the nere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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

Title Name Type of Action Authorized Nakchom, Kobkaew 3550 NW 44 + 317 and Member Lauderhill, FL 33319 PRemove ___ Change Akkarakij Boonrasee 17145 N Bay Rd Add Apt. 4312 Sunny Isles Beach Remove FL 33/60 ___ Change Sihawong, Phanich 251 174 ST. Apt. 908 DAdd
Sunny Isles Beach, FL Remove 33160 □ Add □ Remove □ Add ☐ Remove ☐ Change

Signature of a member or authorized representative of a member Anidu Sylval MSIA Typed or printed name of signee		g any other information, ent				
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The 90th day after the record is filed. Oated				, , ,		
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Filing Fee: \$25.00