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(Ac	ldress)	
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COVER LETTER

TO: Amendment Section

Division of Corporations	•
NAME OF CORPORATION:	SIAM ROYAL INC
DOCUMENT NUMBER:	P07000 1205 45
The enclosed Articles of Amendment a	nd fee are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
CHONGK	ONNEE KOSIRI WONGWAT
	Name of Contact Person
 	Firm/ Company
6346	LANTANA RD. # 73
	Address
Ι Δκ	E11000TH E1 33463
M	EWORTH, FC. 33463 City/ State and Zip Code
•	•
E-mail address: (to be used for future annual report notification)
For further information concerning this	matter, please call:
CHONGKONNEE KUSIRINONG	WAT at (561) 662-6796
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following ar	mount made payable to the Florida Department of State:
\$35 Filing Fee	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
141141141114114	2001 LAQUATIO CONTO

Tallahassee, FL 32301



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FLORIDA DEPARTMENT OF STATESECRETARY OF STATE Division of Corporations TALLAHASSEE, FLORIDA

September 27, 2010

CHONGKONNEE KMOSIRIWONGWAT SIAM ROYAL INC. 6346 LANTANA RD. #73 LAKE WORTH, FL 33463

SUBJECT: SIAM ROYAL INC Ref. Number: P07000120545

We have received your document for SIAM ROYAL INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the form in its entirety.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 910A00022842

Articles of Amendment

to
Articles of Incorporation
of

STAM ROGAL INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
Po 2000 120545	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the foramendment(s) to its Articles of Incorporation:	llowin
A. If amending name, enter the new name of the corporation:	
The ne	w
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	ZY
(Principal office address MUST BE A STREET ADDRESS)	ر اسار مرحد
<u></u> 9	E.
	. 35E
(Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AHASSEL, FEOT
(Manning and ess MATT BE 717 OST OF FICE BOX)	٠ در
(D.) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent: CHUNGKONNEE KOSIKIWONGHAT	
New Registered Office Address: (Florida street address)	
/ -	
LAKEWORTH , Florida 33963 (City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent.—Fam familiar with and accept the obligations of the position	
x Chr	
Signature of New Registered Agent, if changing	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
PTS	WIROJ RUNGKRAISRI	5439 VEROVA DR. APT I BOYNTON BCH, FL	Add Remove
<u>P</u> -	CHONGKONNEE KOSIRIHONG	Soynton BCH, FC. WAT 5439 VERONA DR ART E BOYNTONBCH, FC.	Add Remove
	·		_ □ Add _ □ Remove
	g or adding additional Articles, enter of tional sheets, if necessary). (Be specifi		
E If on omo	ndment provides for an exchange, recl	assification or cancellation of is	suod sharos
provision	s for implementing the amendment if n applicable, indicate N/A)		
			•

The date of each amendment(s) adoption:			
Effective date if applicable:	(date of adoption is required)		
<u></u>	no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.		
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):		
"The number of votes ca	st for the amendment(s) was/were sufficient for approval		
by	voting group)		
(oting group)		
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder		
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder		
Dated	10/12/10		
selec	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)		
	WIRDJ RUNGHRAISPI		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		