## G0883

(Requestor's Name)	
(ivequesions iname)	
7A.d.,	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	JL
(Business Entity Name)	
(Document Number)	
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JUL 25 2017 S. YOUNG

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## COVER LETTER

TO: Amendment Section

Division of Corporations Thai Restaurant G08083 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Floridal Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to

Articles	of	Incorp	ration

Articles of Incorp	oration		
Bahn Thai	Restaurant Inc		
(Name of Comparation or comparate 5)			
(Name of Corporation as currently file	ed with the Florida Dept. of State)		
<u>G08083</u>			
(Document Number of Co	poration (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation adopts the following a	mendme	ent(s) to
A. If amending name, enter the new name of the corporation:			
A. Maintending name, enter the new name of the corporation.			
N		he new	,•
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	17 34 20	- <del></del>
D. If amending the registered agent and/or registered office address	n Florida, enter the name of the	,	
new registered agent and/or the new registered office address:	in Florida, enter the name of the	175	السد.
111.0	表:		
Name of New Registered Agent N A		. 43	
,			
Along Registered Office Alberta			
New Registered Office Address:	, Florida		
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with  Signature of New Regis	and accept the obligations of the position.		

address of each Officer (Attach additional sheet Please note the officer/a P = President; V= Vice Executive Officer; CFO held. President, Treasur Changes should be note	r and/or Director s, if necessary) lirector title by the r President: T= Tr t = Chief Financia ver, Director would d in the following vaves the corporati	being added:  first letter of the office title: easurer; S= Secretary; D= Did officer. If an officer/directe the PTD, manner. Currently John Doe i on, Sally Smith is named the V	Of each officer/director being removed and title, name, and  Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief tor holds more than one title, list the first letter of each office is listed as the PST and Mike Jones is listed as the V. There is V and S. These should be noted as John Doe, PT as a Change,
X Change	<u>PT</u> <u>John I</u>	<u> </u>	
X Remove	<u>V</u> <u>Mike</u> .	lones	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	7/5/070	Sineenart, 1	Klinnalei 1365 Pasceo Redon
Add Remove			91501
2) X Change	PHSICEO	Saetang, DAI	Runee 13195. Monroest Tallahassee, Fl
Add Remove			32301
3) Change		<del>-</del>	
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change	<del></del>		<u> </u>
Add			
Remove			
6) Change			
Add			

Remove

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
<b>.</b> \	
<u> </u>	
F. If an amendment provides for an exchange, reclassification, or car provisions for implementing the amendment if not contained in the	cellation of issued shares,
(if not applicable, indicate N/A)	e amendment tisett:
NA	
·	
<del></del>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days)	after amendment file date)
Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vo must be separately provided for each voting group entitled to vote sep	
"The number of votes cast for the amendment(s) was/were suffic	lient for approval
by	."
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors withou action was not required.	t shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sha action was not required.	reholder action and shareholder
Dated 7/18/17	
Signature Larume County	
(By a director, president or other officer – if a selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	
Darvnee Saet	ang
Prisident (CF.)	person pigning)
(Title of perso	nsigning)