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Certified Copies	_ Certificates of	f Status
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Office Use Only

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lemongrass of Boynton Beach LL(Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Niwat Piyavichayanont
Lemongrass Holdings LLC
15096 Jcg Rd
Delray Bon FL 33483 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
Name of Person at (56) 332 - 3427 Area Code Daytime Telephone Number
Project discoult for the Callegian annual.
Enclosed is a check for the following amount: \$\square\$ \$\\$\\$25.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

ARTICLES OF AMENDMENT TO

TO ARTICLES OF OF OF	RGANIZATION	2017 AUG 14 PM 2:
(Name of the United Liability Company) (A Florida Limited Liability Company)	y as it now appears on our records.)	THISTE FLORING
The Articles of Organization for this Limited Liability Company with Florida document number LOGOOOO	vere filed on 10/17/06	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the ab	hbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	EL . L	

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.

Ciw

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
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			TILL Change
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Filing Fee: \$25.00