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SECRETARY OF STATE

FILED

COVER LETTER

TO: Registration Division of C	Section				
LEMON	IGRASS OF BOYNTON BEACH, LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles	of Amendment and fee(s) are submitted for filing.				
Please return all corre	spondence concerning this matter to the following:				
	CHARLES L JAFFEE				
	Name of Person				
	CHARLES L JAFFEE P.A.				
	Firm/Company				
•	7301-A W PALMETTO PARK ROAD STE 305C				
•	Address				
	BOCA RATON FLORIDA 33433				
	City/State and Zip Code				
	CHUCK12283@AOL.COM				
	E-mail address: (to be used for future annual report notification)				
For further information	n concerning this matter, please call:				
CHARLES L JAFFE	E 561 416-7400 at ()				
Nan	at () ne of Person Area Code Daytime Telephone Number				
Enclosed is a check for	or the following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEMONGRASS OF BOYNTON BEACH, I		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on AUGUST 14, 2017	and assigned
Florida document number L06000101153	<u></u> .	
This amendment is submitted to amend the following:		
AIf amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	ALL SEG
		<u>₹E SE T</u>
•		20 SSE SSE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u>Ş</u> m yı
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>e</u> ress here:	nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NIWAT PIYAVICHATANONT 2885 N.W. 29TH DRIVE		
		BOCA RATON FL 33434	■ Remove
-			☐ Change
MGR	KHWANRIDEE GRAYSON	1231 S.W. 1ST AVENUE	Add
		BOCA RATON FL 33432	≅ Remove
			☐ Change
	· · · · · <u>.</u> :	uk i projekt i	
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(If an ef) Note:	tive date, if other than the date of filing:	oursuant to	o 605.0 Histed	207 (3)(1 I as the
If the red (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 90th day after the record is filed.	n the e	arlier	of:
Dated	Sept. 1 , 2017.			
	Signature of a member or authorized representative of a member		_	
	WANTOA CHATCHONBUTPL Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00