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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LEMONGRASS OF BOYNTON BEACH, LLC

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:

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 concerning this matter, please call:

CHARLES L JAFFEE

561 416-7400
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	NIWAT PIYAVICHATANONT	2885 N.W. 29TH DRIVE	<input type="checkbox"/> Add
		BOCA RATON FL 33434	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KHWANRIDEE GRAYSON	1231 S.W. 1ST AVENUE	<input type="checkbox"/> Add
		BOCA RATON FL 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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17 SEP 20 AM 8 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

Sept. 1, 2017

W L CLTCL but

Signature of a member or authorized representative of a member

WANIDA CHATCHONBUTR

Typed or printed name of signee