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SECRETARY OF STATE
TANAMASSEE, FLORIDA

M. Thomas APR 22 2008

COVER LETTER

TO: Registration Section Division of Corporat	tions		
SUBJECT: MORNING B	REEZE AND THAI	FUSION LLC	
	(Name of Limit	ed Liability Company)	
The enclosed Articles of Amer		-	
LA	AKKANA SUPPARA	Τ	
_		(Name of Person)	
<u>M</u>	ORNING BREEZE	AND THAI FUSION LLC	
		(Firm/Company)	8 PR 21
28	308 10TH STREET	WEST	
		(Address)	
<u>P</u> .	ALMETTO, FL 3422	1 1,	PH IS: V.
		(City/State and Zip Code)	OR THE SE
For further information concern	ning this matter, please ca	u:	❤
SIRIRAT PRUDHIPHA	ITHOON	at (941) 729-8406	
(Name of Pers	son)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for the following	owing 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 A		STREET/COURIER Registration Section	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 608, 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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

<u>'itle</u> .	<u>Name</u>	<u>Address</u>	Type of Action
MGRM.	Sirirat Prudhiphaithoon	2808 10TH STREET WEST PALMETTO, FL 34221	Add Remove
			Add Remove
	•		Add Remove
			EG S
			AGE TO THE TOTAL T
			Add
. If amend	ing any other information, enter cha	nge(s) here: (Attach additional sheets, if necess	Remove
<u>Ne</u>	w title for Lakkana Supparat: Mo	GR	
			
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Page 2 of 2

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