

L09000003388U

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

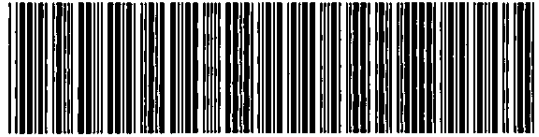
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THAICO, 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:

ANGKANA MONTGOMERY

Name of Person

Firm/Company

111 NE IVANHOE BLVD

Address

ORLANDO FL 32804

City/State and Zip Code

pookmnl@mac.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAM MONTGOMERY

Name of Person

at (**407**)

Area Code & Daytime Telephone Number

509-7733

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

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THAICO, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on **APRIL 8, 2009** and assigned
Florida document number **L09000033880**

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: **111 NE IVANHOE BLVD**
(Principal office address MUST BE A STREET ADDRESS) **ORLANDO FL 32804**

Enter new mailing address, if applicable: **111 NE IVANHOE BLVD**
(Mailing address MAY BE A POST OFFICE BOX) **ORLANDO FL 32804**

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: **ANGKANA MONTGOMERY**

New Registered Office Address: **111 NE IVANHOE BLVD**

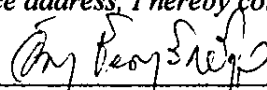
Enter Florida street address

ORLANDO
City

Florida 32804
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 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.



If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

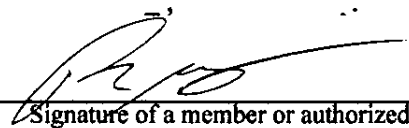
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Ryan Montgomery	754 E MICHIGAN ST #188 ORLANDO FL 32806	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Adam Montgomery	111 NE IVANHOE BLVD ORLANDO FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Angkana Montgomery	111 NE IVANHOE BLVD ORLANDO FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Amnuai Wongmongkol	2110 CORENA DR ORLANDO FL 32810	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated NOVEMBER 20



Signature of a member or authorized representative of a member

RYAN MONTGOMERY

Typed or printed name of signee