

LD9000075257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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08/27/10--01025--002 \*\*25.00

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10 AUG 27 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 31 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Thai House Restaurant 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:

Chutima Lintz

Name of Person

Thai House Restaurant LLC

Firm/Company

10500 Ulmerton Rd. Ste 770

Address

Largo, FL 33771

City/State and Zip Code

chpook@earthlink.net

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

For further information concerning this matter, please call:

Chutima Lintz

Name of Person

at (927) 698-8570

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 AUG 27 AM 9:33

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Thai House Restaurant LLC

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

The Articles of Organization for this Limited Liability Company were filed on 8-5-2009 and assigned Florida document number 109600075257.

This amendment is submitted to amend the following:

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

N/A

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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:

Sahutsawat Kaewthong

New Registered Office Address:

10500 Ulmerton Rd. #201  
Enter Florida street address

Largo  
City

Florida

FL 33771  
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.

Sahutsawat Kaewthong  
If Changing Registered Agent, Signature of New Registered Agent

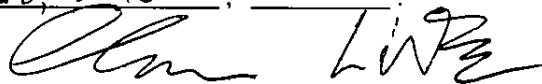
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	SAHUTSAWAT KAEWTHONG	10500 Ulmerton Rd Largo FL 33771	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	RATCHANEEDONG CHILDERS	10500 Ulmerton Rd Largo FL 33771	<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
			<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.)

Dated Aug 23, 2010



Signature of a member or authorized representative of a member

CHUTIMA LINTZ

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA