L09000013137

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |

Special Instructions to Filing Officer:

L. SELLERS

MAR 2 8 2011

EXAMINER

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SECRETARY OF STATE

TILEU

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Thai House Restaurant 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: |
| Sahutcawat Kaewthong Name of Person Destruction |
| Mai Mouse residenti LLC |
| 10500 Umaton Rd. Suite 770 Address |
| Largo FL 33771 |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Sahutsawat Kacwthorg at 727 851-42 66 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status 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 ARTICLES OF ORGANIZATION

| Thai Hous | ic Rei | staurant | LLC | · | |
|---|--|--|------------------------------|---|---------------|
| (Name of the Limited (A | L <mark>iability Compan</mark> Florida Limited Li | y as it now appears on ability Company) | our records.) | | |
| The Articles of Organization for this Limited Lia Florida document number <u>L 0900007</u> | ability Company v | were filed on <u>8</u> | 5-200 | 9 and assign | ned |
| This amendment is submitted to amend the follow | wing: | | | | |
| A. If amending name, enter the new name of | the limited liabil | ity company here: | | | |
| N/A | | | | | |
| The new name must be distinguishable and end with L.L.C." | the words "Limite | ed Liability Company," | the designation "I | LLC" or the abb | reviation : |
| Enter new principal offices address, if applica | ble: | | | AS 1 | |
| (<u>Principal office address MUST BE A STREET</u> | (ADDRESS) | | <u>.</u> | <u> </u> | -=- |
| Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE B</u> | <u>·ox)</u> | | | R 22 PM 1:51 ETARY OF STATE HASSEE. FLORIDA | m |
| B. If amending the registered agent and/or registered agent and/or the new registered offi | r registered offi ice address here: | ce address on our | records, <u>enter t</u> | he name of t | <u>he new</u> |
| Name of New Registered Agent: | Praew | phan | Lum | ia austr | |
| New Registered Office Address: | 10500 | VIMES 10 | N KA . Florida street add | <u> </u> | |
| | Largo | City | , Florida | 357) Zip Code | 71 |
| New Registered Agent's Signature, if changing Re | gistered 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 **Title** Name **Address Type of Action** MGR **⊠** Add Remove ☐ Add **R**emove MGRM XX Add Remove \bigcap Add Remove \square Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Mar 18, Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00