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(Cit	y/State/Zip/Phone	e #)		
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SECRETARY OF STATE

C. LEW'S 2011
SEP 15 2011
EXAMINER



September 8, 2011

LOUIS SCOURTAS LMD ACCOUNTING & TAX SERVICES, INC. 2430 ESTANCIA BLVD SUITE 108 CLEARWATER, FL 33761

SUBJECT: THAI HOUSE RESTAURANT LLC

Ref. Number: L09000075257

We have received your document for THAI HOUSE RESTAURANT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Letter Number: 211A00020830

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

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:
Louis Scourtas
LMD Accounting & Tax Services
2430 Estancia Blvd. #108
Clearwater, FC 33761 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LOUIS Scourtas at 727, 443-0709 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{ \$\ \text{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

2011 SEP 14 AM (0): 28

Name of the Limited Lia	Se Kestauyant LLC bility Company as it now appears on our records.) rida Limited Liability Company)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(A Flo	rida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on 85 2009 257.	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with th 'L.L.C.'	e words "Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable	»:	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	X)	
Manning wantes Mill BB 11 1 001 011 100 B01	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	· —	r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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

MOKM - Ma	magnig wiember		
<u>Title</u>	Name	Address	Type of Action
MGR	Hinthao, Jutha	10500 Ulmerton Road	Add Remove
MGR	Vounder, Murris Norma	n 4310 E 11 Ave Mount Bora, FL 3275	Add Remove
			Add Remove
			Add Remove
			□Add □Remove
			Add Remove
D. If amendin	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_
Dated	Praewohan	authorized representative of a member	2011 SEP 14 AM 10: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Page 2 of 2

Filing Fee: \$25.00