

L10000020859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

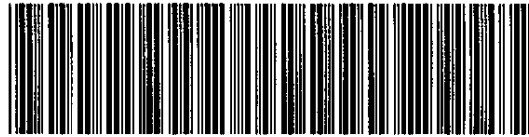
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 28 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WHITEFIN 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:

TRISTRANSRI RUAMPOON
Name of Person
WHITEFIN GUGHI 8 THAI LLC
Firm/Company
900 SW 8th ST. APT 1507
Address
Miami, FL 33130
City/State and Zip Code
kttkhanin@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruampon Tristransti at 407 341-2829
Name of Person 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

WHITEFIN 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 02-24-2010 and assigned Florida document number L1000020859

This amendment is submitted to amend the following:

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

WHITEFIN SUSHI & THAI LLC

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)

x 1444 SW 8th ST.
x Miami, FL, 33135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

x 900 SW 8th ST. APT 1507
Miami, FL, 33130

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:

TRIS RANSRI RVAMPON

New Registered Office Address:

x 900 SW 8th ST. APT 1507

Enter Florida street address

Miami

Florida

3313

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.

[Signature]
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
MGRM	PORN YU PA TRIS RANSRI	2209 S. cypress dend Dr. Apt. 407, Pompano Beach, FL 33064	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	NOPPADAL TRISRANSRI	900 SW 8 th ST APT 1507 MIAMI, FL, 33130	<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.)

ADDRESS OF THE COMPANY:

900 SW 8th ST. APT. 1507
Miami, FL, 33130

Dated May 25th 2010

Ruampon Trisransri

Signature of a member or authorized representative of a member

RUAMPON TRISRANSRI

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED