

L100000121905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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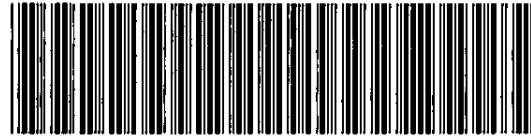
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan NOV 15 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RUOYSUP, 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:

CHITRA DUNCLE
Name of Person
TOP THAI RESTAURANT
Firm/Company
20685 BRUCE B. DOWNS BLVD.
Address
TAMPA, FLORIDA 33647
City/State and Zip Code
ARGENTIEREC@VERIZON.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICK ARGENTIERE at (813) 684-4489
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RUOY SUP, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11-24-2010 and assigned
Florida document number L 10000 121905

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:

(Principal office address MUST BE A STREET ADDRESS)

TOP THAI RESTAURANT
20685 BRUCE B. DOWNS BLVD.
TAMPA, FLORIDA 33647

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

TOP THAI RESTAURANT
20685 BRUCE B DOWNS BLVD.
TAMPA, FLORIDA 33647

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:

CHITRA DUNCKLEY

New Registered Office Address:

20685 BRUCE B. DOWNS BLVD.

Enter Florida street address

TAMPA

Florida

33647

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.

Chitra Dunckley

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	SAOWALAK BASAMAN	8704 BAYLAUREL CT. TAMPA, FLORIDA 33647	☐ Add ☒ Remove
MGRM	CHITRA DUNCKLEY	TOP THAI RESTAURANT 20685 BRUCE B. DOWNS BLVD TAMPA, FLORIDA 33647	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

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TALLAHASSEE, FLORIDA

Dated 11-9-11

Chitra Dunckley

Signature of a member or authorized representative of a member

CHITRA DUNCKLEY

Typed or printed name of signee