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JUL 2 9 2014

T. BROWN

COVER LETTER

TO: Registration Section Division of Corpora	
SUBJECT:	Thai Buddies LLC.
	Name of Limited Liability Company
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.
Please return all corresponder	nce concerning this matter to the following:
-	Natthaporn Suksaiboon
	Thai Buddies LLC. Firm/Company
-	Firm/Company
	A9 Yaul Dr. Address
_	Address
_	Cocoa beach, FL 31931 City/State and Zip Code natarito@yahoo.com
	City/State and Zip Code
_	E-mail address: (to be used for fliture annual report notification)
	•
For further information conce	-
Nathaporr	Suksaiboon at (31) b36-6655 Area Code Daytime Telephone Number
Namè of Per	son Area Code Daytime Telephone Number
Enclosed is a check for the fo	llowing amount:
\$25.00 Filing Fee	1 \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, 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 TO ARTICLES OF ORGANIZATION **OF**

	MENDMENT APERILATION APERILATION	Δ
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OF	The state of the s	2. 1.
<u> </u>	**	50 ES
Thai Buddi	es LLC.	ALC.
(Name of the Limited Liability Company (A Florida Limited Lia		7
	/AE/11	
The Articles of Organization for this Limited Liability Company w	vere filed on $07/05/11$ and a	ssigned
Florida document number <u>L 110000 77704</u> .		
This amendment is submitted to amend the following:		
A Transaction was annually and the literature of the Provided Park Hills		
A. If amending name, enter the new name of the limited liabili	пу сотряну пеге:	
The new name must be distinguishable and end with the words "Limited Liabili	ity Company " the designation "I I C" or the abbreviation	"LLC"
-	ny company, we designation LEC of the dobleviation	D.L.O.
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)		·
B. If amending the registered agent and/or registered offi		e of the new
registered agent and/or the new registered office address here:	,	
N. CM. D. L. LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
 	, Florida	
	City Zip Cod	'e

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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Aut	horized Member		
<u>Title</u>	Name	Address	Type of Action
MB	Mantasoot, Thanawar	4067 Meander PL.	Add
		Apt. 207 Rockledge,	FLD Kemove
		31955	
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	Remo	ne	Mant	asoot, T	nanawan	
	off	from	Thai	asoot, T Buddies	LLC.	
he effective date n the date this docum	nust be specific, c	cannot be pri	or to date of rec	31 July ceipt or filed date and ate)		
	nust be specific, c	cannot be pri	or to date of rec	ceipt or filed date and	eannot be more than 9	

Page 3 of 3

Filing Fee: \$25.00