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19 SEP 30 PN & 15
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OCT 1 6 2019 S. YOUNG

## **COVER LETTER**

| TO: Registration Sec<br>Division of Cor |   |   |  |
|---|---|---|--|
| SUBJECT:                                | per Rich LLC Name of Limi                     | ted Liability Company   |  |
| The enclosed Articles of A              | Amendment and fee(s) are subr                 | nitted for filing.  |  |
| Please return all correspon             | ndence concerning this matter t               | to the following:   |  |
|   | <u>Phatthraphon</u>                           | Porntuvicy A  |  |
|   | Super Rich                                    | Firm/Company  |  |
|   | 2845 Enterpris                                | Address   |  |
|   | Perany FL                                     | City/State and Zip Code  1 100 . CO m  o be used for future annual report notif |  |
| For further information co              | oncerning this matter, please ca              | ·   | nation)  |
| Matthruphon<br>Name of                  | Person  | at (474) 28864<br>Area Code Daytime   | 69<br>Telephone Number   |
| Enclosed is a check for th              | e following amount:                           |   |  |
| \$25.00 Filing Fee                      | \$30.00 Filing Fee &<br>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

| ARTICLES   | OF ORGANIZATION                                | 592 <b>5</b>                |
|--|--|-----------------------------|
|  | OF   | <u></u>                     |
| Super Rich, LLE  | Company as it now appears on our records.)     | FILE<br>SEP 30              |
| (A Florida I   | imited Liability Company)                      |                             |
|  | <b>.</b>                                       |                             |
| The Articles of Organization for this Limited Liability Co         | mpany were filed on Vec 14, 2011               | 是 and assigned              |
| Florida document number L11000140602                               | <u>.</u>                                       | <b>J.</b>                   |
| This amendment is submitted to amend the following: To             | remove lavat fisid from B                      | usiness's Owner.            |
| A. If amending name, enter the new name of the limite              | ed liability company here:                     |                             |
| ,  |  |                             |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company." the designation "LLC" o | r the abbreviation "L.L.C." |
| -  |  |                             |
| Enter new principal offices address, if applicable:                |  |                             |
| (Principal office address MUST BE A STREET ADDRE                   | <u></u>  |                             |
|  |  |                             |
|  |  |                             |
| Enter new mailing address, if applicable:                          |  |                             |
| (Mailing address MAY BE A POST OFFICE BOX)                         |  |                             |
| •  |  |                             |
|  |  |                             |
| B. If amending the registered agent and/or registe                 | red office address on our records.             | enter the name of the nev   |
| registered agent and/or the new registered office addre            |  |                             |
|  |  |                             |
| Name of New Registered Agent:                                      |  |                             |
| New Registered Office Address:                                     |  |                             |
|  | Enter Florida street address                   |                             |
|  | , Flori  |                             |
|  | 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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                    | Address                       | Type of Action |
|--------------|--------------------------------|-------------------------------|----------------|
| MGR          | Pawat Piside (or               | 2845 Enterprise ld. suite 105 | - 06 A □ Add   |
|              | Pakavat Samarandhana) old name | Debaty Fl 32713               |                |
|              |                                |                               | ☐ Change       |
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|---|---|---|---|----------|-----------------------------------|---------------------------------------|--|------------|---------------------------|---------------------------|----------------|-------------------|
| Su  |   | only<br>ich                                     | "Phatile                                | tt hrai  | phon<br>Saki                      |                                       | (veerat *<br>Sushi   | re         | the<br>urmnt              | of                        | y of<br>Pebary | -<br>-            |
|   |   |   |   |          |                                   |                                       |  |            |                           |                           |                | <del></del>       |
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| an effective<br>lote: If the<br>ocument's | edate is listed that the control of | d, the date rted in thi date on the same a dela | must be sp<br>is block do<br>ne Departr | ective o | d cannot be neet the a State's re | e prior to da<br>applicable<br>cords. | 2019 ate of filing or statutory filing or stat | ng require | 0 days afte<br>ments, thi | r filing.) P<br>s date wi | ll not be lis  | sted as           |
| The 90tl                                  | h day aft   | ter the   | record i                                | s filed. | , <u>20</u>                       | <u>l9</u> .                           | 1 representativ  |            |                           |                           | THE CONT       | ic, o             |
|   |   | <u>· · · v</u>                                  | <del>```\``\`\\\</del>                  |          |                                   | . at A 5. A .                         |  | <u> </u>   |                           |                           |                |                   |

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Filing Fee: \$25.00