

L12 000054781

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

SEP 18 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kwao Tong 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:

SIRISAK THAMBANCHACHEEP

Name of Person

Kwao Tong LLC

Firm/Company

5634 Pacific Blvd Apt 906

Address

Boca Raton, Florida 33433

City/State and Zip Code

kwaotong@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIRISAK THAMBANCHACHEEP

Name of Person

at (224) 595-8546

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301
JAN 11 2007

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Kwao Tong 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 04/23/2012 and assigned
Florida document number L12000054781.

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)

217 East Palmetto Park Road

Boca Raton, Florida 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5634 Pacific Blvd Apt 906

Boca Raton, FL 33433

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:

SIRISAK THAMBANCHACHEEP

New Registered Office Address:

5634 Pacific Blvd Apt 906

Enter Florida street address

Boca Raton

Florida

City

33433

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**

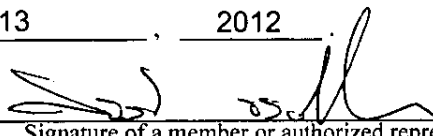
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KETMANEE IWKHAM	1115 TURTLE CREEK DRIVE, APT 433 Naples, FL 34110	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated September 13, 2012



Signature of a member or authorized representative of a member

SIRISAK THAMBANCHACHEEP

Typed or printed name of signee

2012 SEP 17 PM 12:11
CLERK OF STATE
TALLAHASSEE, FLORIDA