

L120000082266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

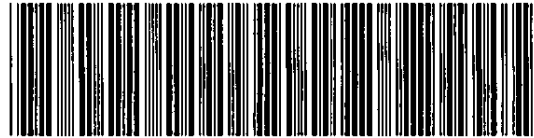
(Business Entity Name)

(Document Number)

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2017 AUG 15 P 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
AUG 16 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lemongrass Holdings 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:

Niwat Piyavichayanont
Name of Person

Lemongrass Holdings LLC
Firm/Company

15096 Jog Rd
Address

Delray Bch FL 33446
City/State and Zip Code

makoha181 (@) hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yi Lam at (561) 332-3427
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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2017 AUG 15 P 3:44
TALLAHASSEE, FL
SECRETARY OF STATE

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

Lemongrass Holdings 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 6/21/12 and assigned
Florida document number L12000082266

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 contain 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)

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
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Am BR	Wanida Chatchonbutr	100 NE 2nd St	<input type="checkbox"/> Add
		Boca Raton FL 33432	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

Am BR	Khwanridke Grayson	100 NE 2nd St	<input type="checkbox"/> Add
		Boca Raton FL 33432	<input type="checkbox"/> Remove
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2017 AUG 15 P 3:41
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TALLAHASSEE, FLORIDA

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2017 AUG 15 P 3:41
SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 8/10/17

Signature of a member or authorized representative of a member

NIWAT PIYAVICHAYANON,

Typed or printed name of signee