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K.SALY EXAMINER SEP 18 2012

COVER LETTER

TO:	Registration Section Division of Corp			
SUBJI	ect.	THAI	GROUP LLC	•
20041			ted Liability Company	-
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		PANIT	A WUTTHIWEANGTHAM Name of Person	
			- Name of Person	
			Firm/Company	the first control of the state
		308	N CLEMATIS STREET Address	
		WEST PA	LM BEACH, FLORIDA 33	401
		m 4 h 111	City/State and Zip Code	
٠.	•	E-mail address: (t	TA748@HOTMAIL.COM to be used for future annual report notif	ication)
For fur	ther information cor	ncerning this matter, please c	all:	
		THIWEANGTHAM	at (954)	303-7998
	Name of I	rerson	Area Code & Daytin	e Telephone Number
Enclos	ed is a check for the	following amount:		
▼ \$25	i.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)
	Registrat Division P.O. Box	NG ADDRESS: ion Section of Corporations 6327 see, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		FIL	.ED	
	2 SEP	17	δu	: J.c
TAL	:CRET, LAHA	Υπίγ (CC-	PF STA FLOR	TE
s.)		<u></u>	, FLOR	ЮĄ

Zip Code

	THAT GROUP LLC		"MOSEE, FLORIE
(Name of the Limited L (A F	iability Company as it now appea lorida Limited Liability Company)	rs on our records.)	- FLORIDA
The Articles of Organization for this Limited Liab	oility Company were filed on	07/06/2012	and assigned
Florida document number L120000882	13		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter t	he name of the new
Name of New Registered Agent:		The base of the state of the st	
New Registered Office Address:	F.	nter Florida street ada	7055
	<i>.</i>	Florida	. 1474

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.

City

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 Address** Type of Action <u>Name</u> KHANTHA WUTTIWEANG MGR 308 N CLEMATIS STREET KHANITHA WUTTIWEANG THAM MEACH, FLORIDA 33401 TREMOVE ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member PANITA WUTTHIWEANGTHAM Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00