

L12000090481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

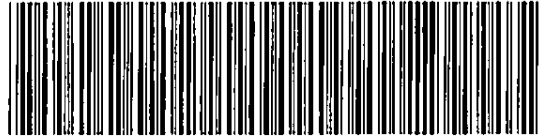
(Business Entity Name)

(Document Number)

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2024 JAN 11 AM 10:08
CLERK OF STATE
TALLAHASSEE, FL
1/11/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TASTE OF THAI 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:

VIPARAT B PIPPIN

Name of Person

TASTE OF THAI LLC

Firm/Company

2548 GULF BREEZE PKWY

Address

GULF BREEZE FL 32563

City/State and Zip Code

PARNOM3197@GMAIL.COM

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

For further information concerning this matter, please call:

GENA HAYES

850 346-1836
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 JAN 11 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

TASTE OF THAI 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 07/12/2012 and assigned
Florida document number L12000090481.

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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AMBR	KANIT NILNAEM	9111 EAGLE NEST DR	<input checked="" type="checkbox"/> Add
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		NAVARRE FL 32566	<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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AMBR	PRAWEEENA PIPPIN	2013 JESSICA WAY	<input checked="" type="checkbox"/> Add
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		NAVARRE FL 32566	<input type="checkbox"/> Remove
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FILED
2024 JAN 11 AM 10:00
CLERK OF DISTRICT COURT
JALISCO, CALIF.

2024 JAN 11 PM 10:51
RECEIVED
FALLS CHURCH

2024 JAN 11 AM 10:09
STATE
LIBRARY

7-11-64

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated DECEMBER 29

2023

Signature of a member or authorized representative of a member

VIPARAT B PIPPIN

Typed or printed name of signee

Filing Fee: \$25.00