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J. HARRIS

## **COVER LETTER**

TO: Registration Se Division of Cor		*** <b>•</b> **	
SUBJECT:	14 Thai, LLC Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Sonart Pr	Name of Person	
	Tally Thai	Firm/Company	
	2037 W. Pe	NGAWIA St.	<del></del>
	Tallahassec	fL 3Z3U4 City/State and Zip Code	
	tunkball Qu E-mail address: (1	MNOO, WM to be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	all:	
SOUTT PI	ASOT +	at (850) 228 - Area Code Daytime	CALIO 6730 Telephone Number
Enclosed is a check for the	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Tally Thai, LLC			<del></del>
(Name of the Limited Liability Compa (A Florida Limited I.	iability Company)	a our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000894(18</u> .	were filed on $\sqrt{U}$	ne 21,2013	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here	:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desi	gnation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			, <u>.</u>
(Principal office address MUST BE A STREET ADDRESS)		TAY.	<u></u>
		<u> </u>	P >
		8	29 III
Enter new mailing address, if applicable:		<u> </u>	- USS
(Mailing address MAY BE A POST OFFICE BOX)		in the second	5 [
(maining and the main and main and maining		A SECTION AND A	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ur records, <u>enter th</u>	e name of the new
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

Title Address **Type of Action** Name 2037 W. Pensocola St. DAdd MGR Hidar Prasert TAHAHASSER, FL 32304 ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove Change □ Add □ Remove ☐ Change

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F#	a data if other than the data of filing.
(If an effe	e date, if other than the date of filing:(optional) tive 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) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	nt's effective date on the Department of State's records.
he rec	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	0th day after the record is filed.
Dated	January 28, 2016.
Date	/ \
	Mand V D. C.
	Sacrot P. District Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Signature of a member or authorized representative of a member  Typed or printed name of signee

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Filing Fee: \$25.00