

L13000089468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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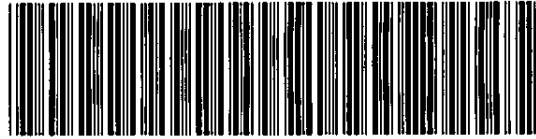
(Business Entity Name)

(Document Number)

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OCT 14 2016  
J. HARRIS

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LAE PHOUANG PHET 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:

SAART PRASERT

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2037 W PENSACOLA ST

\_\_\_\_\_  
Address

TALLAHASSEE, FL 32304

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

SAART PRASERT

at (850) 534-3733

Filing Fee,  
date of Status &  
\_\_\_\_\_  
Copy  
(original copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAE PHOUANG PHET 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 10/03/2016 and assigned Florida document number L13000089468.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TALLY THAI LLC

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)

Form with three lines for address and a vertical stamp: FILED OCT 14 PM 3:55

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:

Blank line for Name of New Registered Agent

New Registered Office Address:

Blank line for New Registered Office Address

Enter Florida street address

Blank line for City, Florida, Zip Code

City

Florida

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>
<u>man</u>	<u>Weera Proset</u>	<u>2037 W Pensacola St</u>	<input type="checkbox"/> Add
		<u>Tallahassee, FL 32304</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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) **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.*

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 10/14/16

*Sam R. Present*

Signature of a member or authorized representative of a member

Sam R Present

Typed or printed name of signee

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STATE DEPT OF STATE  
BUREAU OF CORPORATIONS  
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