

L13000108243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 10 2015
Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2015

SIAM THAI CUISINE LLC
109 DUNLAWTON BLVD
PORT ORANGE, FL 32128 US

SUBJECT: SIAM THAI CUISINE, LLC
Ref. Number: L13000108243

We have received your document for SIAM THAI CUISINE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 415A00022392

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SIAM THAI CUISINE LLC

Name of Limited Liability Company

RECEIVED
15 NOV -9 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RUNGSAENG KHATTIYA

Name of Person

HOME THAI KITCHEN

Firm/Company

3781 S. NOVA ROAD, SUITE P

Address

PORT ORANGE, FL 32129

City/State and Zip Code

misscrocus22@gmail.com

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

For further information concerning this matter, please call:

RUNGSAENG KHATTIYA

347 445-0853
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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
OF**

SIAM THAI CUISINE 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 07/31/2013 and assigned
Florida document number L13000108243.

This amendment is submitted to amend the following:

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

HOME THAI KITCHEN 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3781 S. NOVA ROAD, SUITE P

PORT ORANGE, FL 32129

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:

RUNGSAENG KHATTIYA

New Registered Office Address:

3781 S. NOVA ROAD, SUITE P

Enter Florida street address

PORT ORANGE

Florida 32129

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> |
|--------------|--------------------|----------------------------|--|
| MGRM | BOUA NGUYEN | 109 DUNLAWTON AVENUE | <input type="checkbox"/> Add |
| | | PORT ORANGE, FL 32128 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | RUNGSAENG KHATTIYA | 3781 S. NOVA ROAD, SUITE P | <input checked="" type="checkbox"/> Add |
| | | PORT ORANGE, FL 32129 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | JAKRAWAN SIRAPHAN | 3781 S. NOVA ROAD, SUITE P | <input checked="" type="checkbox"/> Add |
| | | PORT ORANGE, FL 32129 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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COUNTY OF S. FLORIDA
ALHAMBRA, FLORIDA

D. If amending any other information, enter change(s) here; (Attach additional sheets, if necessary.)

PREVIOUSLY ISSUED SHARES ARE TRANSFERRED TO RUNGSAENG KHATTIYA AND

JAKRAWAN SIRAPHAN.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 10/16/2015 (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 10/16, 2015.



Signature of a member or authorized representative of a member

BOUA NGUYEN

Typed or printed name of signee