L140000094417

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PJ Panich UC 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:
Prutsapa Intaphan Name of Person
PJ Panich LLC Firm/Company
35354 State road 54
Zephyrhills FL 33541 City/State and Zip Code ie_neam @ yahoo. Com E-mail address: (to be used for future annual Aport notification)
E-mail address: (to be used for future annual Point politication)
For further information concerning this matter, please call:
Prutsapa Intaphan at 954 240 6885 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed)
MALLING ADDRESS.

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

PJ Panich 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 Jan 08, 2019 and assigned
Florida document number <u>L 14000094417</u> .
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 "LLC."
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 5500 -
City City
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 familiae 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Jongjit Intaphan	30000s temple stand Arenue	🗆 Add
		300000 temple stand Arenue Wesley Chapel, FL 33543	Remove
			☑ Change
			🗆 Add
			□ Remove
			Change
			🗆 Add
			□ Remove
			□ Change
			□ Add
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			□ Remove
			Change
			□ Add
			_□ Remove
			_□ Change

_	Change Jongjit Intaphan title from VP
- -	to secretary
_	
_	
_	
_	
_	
(11 au cucc	re date, if other than the date of filing: OB 2919 (optional) ctive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docume	nt's effective date on the Department of State's records.
) The S	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	July 01 2019 Signature of a Member or authorized representative of a member
	Prutsapa Intaphan Typed or printed name of signee

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Filing Fee: \$25.00