

L14000199132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

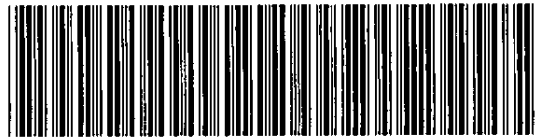
Special Instructions to Filing Officer:

RECEIVED

2017 MAY 22 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only



100299453171

05/23/17--01006--002 **25.00

FILED
17 MAY 22 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY 23 2017

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

Aroonrung 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 10/13/2014 and assigned
Florida document number L14000159132

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:

Parkpoom Poompana

New Registered Office Address:

842 Rue Labeau Circle

Enter Florida street address

Fort Myers

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.

PP 
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> |
|--------------|----------------------|-----------------------------|--|
| MGR | Parkpoom Poompana | 842 Rue Labeau Circle | <input checked="" type="checkbox"/> Add |
| | | Fort Myers, Florida 33913 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Duangchan Sommarvong | 842 Rue Lebeau Circle | <input checked="" type="checkbox"/> Add |
| | | Fort Myers, Florida 33913 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Kongkeo Inthasane | 128 Normandy Ave South | <input type="checkbox"/> Add |
| | | Lehigh Acres, Florida 33974 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Kongkeo Inthasane | 128 Normandy Ave South | <input checked="" type="checkbox"/> Add |
| | | Lehigh Acres, Florida 33974 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
 MAY 22 PM 1:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Art. VII-- Profits and Losses shall be split 50/50 by and between Parkpoom Poompana and Duangchan Sommarvon

Remove Art. VI

Parkpoom Poompana, Duangchan Sommarvong, and Kongkeo Inthasane shall jointly guarantee any lease entered in

by Aroonrung LLC

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)

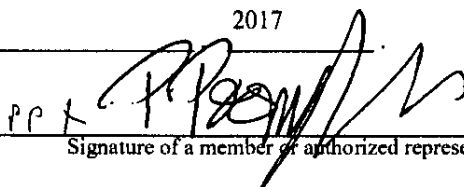
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 May 12

2017



Signature of a member or authorized representative of a member

Parkpoom Poompana

Typed or printed name of signee

FILED
17 MAY 22 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA