

L15000171290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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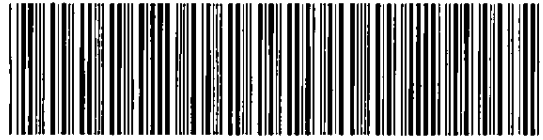
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

11.16.24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: T's Farm, 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:

Sarah Saranee Taveprungsenukul

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

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

7688 Clarke Street

\_\_\_\_\_  
Address

Navarre, FL 32566

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

saraht@hospitalitymaven.com

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

For further information concerning this matter, please call:

Sarah Saranee Taveprungsenukul

615 615-8663

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

at ( )  
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL

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

T's Farm, 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 10/02/2015 and assigned Florida document number L15000171290.

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)

7688 Clarke Street

Navarre, FL 32566

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

7688 Clarke Street

Navarre, FL 32566

**B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:**

Name of New Registered Agent:

Sarah Saranee Taveprungsenukul

New Registered Office Address:

7688 Clarke Street

Enter Florida street address

Navarre

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**

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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>
Trustee	April Taveprungsenukul Alpin	28 Azalea Drive	<input type="checkbox"/> Add
		Mary Esther, FL 32569	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sarah Saranee Taveprungsenukul	7688 Clarke Street	<input checked="" type="checkbox"/> Add
		Navarre, FL 32566	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FL

SECRET  
TALL

(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 44 CFR 2.027(c)(2)(b)

SECRETARY OF STATE  
TALLAHASSEE, FL

Dated October 25, 2024

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ARJIL TAYEP RUNGSEWUKU ATLIN

Typed or printed name of signee