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| (R | equestor's Name) | |
|-------------------------|---------------------|-----------|
| · (A | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Nam | re) |
| (D | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
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COVER LETTER

TO:

| | egistration Sedivision of Cor | | | | |
|-------------|-------------------------------|--|--|------------------|-----------------|
| CUD IECT | | AI EXPRESS II LLC. | | | |
| SUBJECT | · | Name of Limi | ted Liability Company | | |
| The enclos | ed Articles of | Amendment and fee(s) are sub- | nitted for filing. | | |
| Please retu | m all correspo | ndence concerning this matter | to the following: | | |
| - | MARCOS GARCIA | | | | |
| | | | Name of Person | | |
| | | SUKHOTHAI EXPRESS | II LLC | | |
| | | Firm/Company | | | |
| | | 1570 ALTON ROAD | | | |
| | | | Address | | |
| | | MIAMI BEACH, FL 3313 | 9 | | TALCA SECOND |
| | | | City/State and Zip Code | - | 經馬型 |
| | | eortiz@integralbusinessadv | <u>-</u> | | 1000 P F |
| | | E-mail address: (| to be used for future annual report notifi | cation) | からまり |
| For further | information c | oncerning this matter, please ca | ıll: | | 157.5 |
| MARCOS | GARCIA | | 786 389-9667 | | 22 RIDA |
| | Name o | f Person | | Telephone Number | |
| Enclosed i | s a check for th | ne following amount: | | | |
| \$25.00 |) Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | e of Status & |
| | Registr Divisio | ING ADDRESS: ration Section on of Corporations ox 6327 | STREET/COURII Registration Section Division of Corpora Clifton Building | n | |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUKHOTHAI EXPRESS II LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (A Florida Limited L | Liability Company) | | |
|--|--|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L16000102182</u> . | were filed on 05/25/2016 and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 1570 ALTON ROAD | | |
| (Principal office address MUST BE A STREET ADDRESS) | MIAMI BEACH, FL 33139 | | |
| Enter new mailing address, if applicable: | 11068 NW 87th LN | | |
| (Mailing address MAY BE A POST OFFICE BOX) | DORAL, FL 33178 | | |
| | MAY THE | | |
| Name of New Registered Agent: | ffice address on our records, enter the name of the nev | | |
| New Registered Office Address: | Enter Florida street address | | |
| • | | | |
| | , Florida City Zip Code | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is | | |

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> | Name | Address | Type of Action |
|--------------|-------------------|---------------------|----------------|
| MGR | YORDE EREM, SAMER | 3450 NW 85th CT APT | □ Add |
| | | MIAMI, FL 33122 | ■ Remove |
| - | | | ☐ Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | ALC: |
| | | | ALASSEE, FL |
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| | | | ☐ Change |
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| ective date, if other than the | e date of illing: | UG 18, 2016 | - C C 1: 4h - | (optional | i) |
| te: If the date inserted in this turnent's effective date on the | lock does not meet | the applicable s | tatutory filing requ | irements, this dat | e will not be lister |
| record specifies a delay The 90th day after the re | ed effective date cord is filed. | e, but not an | effective time, | at 12:01 a.m | , on the earlie |
| august 17 | 2 | 2016 | | | |
| | | | | ノ | _ |

Page 3 of 3

Typed or printed name of signee