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D. SCOTT NOV 1 2016

COVER LETTER

Division of Co			
SUBJECT:	SIAM PE	ARL, LLC.	
····	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NOPHAD	9 VON SINM	ER.
		Name of Person	
	JURIYAN-	Firm/Company	
	1845 E.	HALLANDALE BE	FICH BLVD.
			_
	ITALLANDA	CE BEACH, FL - City/State and Zip Code	33007
	EMERAINT	City/State and Zip Code	801 771
	E-mail address: (PRQUOISE (C) to be used for future annual report not	ification)
For further information of	concerning this matter, please ca	all:	
	-		
NUPARDA	VON SIMVER	at (957) 780 Area Code Daytin	7.4463
Name C	or reison	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ha fallowing amount.		TS: 6
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\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	Certificate of Stanjes
		(additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
			2:56
MAIL	ING ADDRESS:	STREET/COUR	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION**

SIAM PER	PRL, LLd.	
(Name of the Limited Liability Compar (A Florida Limited L		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $08/08/20/6$ and ass	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	<u>lity company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabili		
Enter new principal offices address, if applicable:	300 S. BOARDWALK	
(Principal office address MUST BE A STREET ADDRESS)	300 S. BOARDWALK HOLLYWOOD FL 33019	
	FL 33019	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Maning unitess MEAT BE AT UST UTFICE BUAY		
	78. 6	
B. If amending the registered agent and/or registered off	ice address on our records, enter the same	of the new
registered agent and/or the new registered office address here		73 -
Name of New Registered Agent:	- SEE	PED
New Registered Office Address:	FLO	43
	Enter Florida street address	, 5
	, Florida	
	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

Zip Code

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>	Address	Type of Action
VP.	POOMPAKA KOMOLVASRI	922 NE 91 Terr	🗹 Add
		MIAMI SHORE, FL 33138	☐ Remove
			Change
			Add
			🗖 Remove
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			Change
			□ Add
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90th day afte	Signature of	2016 Control of a member or author Control of a member or author Typed or printe	·			SECRETARY OF STA

Page 3 of 3

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