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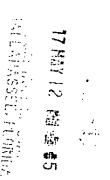
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DCOTA Office Center 1815 Griffin Road, Suite 207 Dania, Florida 33004 (954) 321-0176 telephone (954) 321-0177 facsimile

Howard N. Kahn, Esq. hkahn@kr-lawyer.com

May 8, 2017

Florida Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Siam Pearl, LLC

Gentlemen:

Enclosed please find Articles of Amendment to Articles of Organization of Siam Pearl, LLC for filing. Also enclosed is our check in the amount of \$25.00 for the filing fee.

Sincerely,

Howard N. Kahn (iv)

HNK:iv Enc.

COVER LETTER

| TO: Registration Sect Division of Corpo | | | |
|--|--|---|---|
| SUBJECT: | | PEARL, LLC | <u>. </u> |
| The enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please return all correspond | dence concerning this matter | to the following: | |
| | NOPHADA | VON SINNER Name of Person | |
| | | | |
| | SIAM PE | 79RL, LLC: Firm/Company | |
| | 800 NE. | | |
| | | Address | |
| | HALLANDA | OLE BETTHE FL - | 33009 |
| | NOPHODA (E-mail address: (| City/State and Zip Code O AOL - COM to be used for future annual report notifica | ation) |
| For further information con | cerning this matter, please ca | | |
| NOPHADA V | ON SIMMER | at (<u>954</u>) <u>789.</u> Area Code Daytime To | 44.63 |
| Hanc of t | Cison | Mea Code Daytille II | erephone Number |
| Enclosed is a check for the | following amount: | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

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**

| SIAM F | PEARL, LLC. | |
|---|--|-------------------------|
| (Name of the Limited Liability Compa (A Florida Limited) | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L16000147485</u> | were filed on 08/08/20 | 016 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 Liabi | lity Company," the designation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 300 S. BROAD | WALK |
| (Principal office address MUST BE A STREET ADDRESS) | 300 S. BROAD HOLLYWOOD BER FL 33019 | CH |
| Enter new mailing address, if applicable: | 800 NE AH ST HALLANDALE BEX | - . |
| Mailing address MAY BE A POST OFFICE BOX) | HALLANDALE BEN | OCH. |
| | FL 33009 | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | er the name of the |
| | - | |
| Name of New Registered Agent: | N/A N/A | 2 |
| New Registered Office Address: | | (a) |
| | Enter Florida street address | <u> </u> |
| | , Florida | Zip Code |
| Now Designed Agent's Signature if shareing Designary | 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

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 **Title Name** <u>Address</u> **Type of Action** POOMPAKA KOMOLVASRI 922 NE 91 Derr MIAMI SHORE, FL 33138 Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change ≟_ □ Add; Remove ☐ **Change** □ Add □ Remove ☐ Change □ Add ☐ Remove

_□ Change

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Page 3 of 3

Filing Fee: \$25.00