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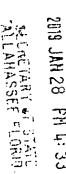
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EBOA 2019

COVER LETTER

Div	ision of Co	porations	•		
SUBJECT:	Amy Star	Izakaya Siesta Key LLC		7	TOTAL TARGE
SOMECT.		Name of Lim	nited Liability Company		五五
					55 70 550
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		E. E.
Please return	all correspo	ondence concerning this matter	to the following:		(2)
		Sirirat Prudhiphaithoon			
		· · · · · · · · · · · · · · · · · · ·	Name of Person		
		Amy Star Izakaya Siesta K	Cey LLC		
			Firm/Company		
		230 Avenida Madera			
			Address		
		Sarasota, FL 34236			
		sirirat.amy@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report no	otification)	
For further in	oformation o	oncerning this matter, please of	all:		
Sirirat Prud	hiphaithooi	า	941 928-9922		
	Name o	f Person		me Telephone Number	-
Enclosed is a	check for ti	ne following amount:			
≘ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Status &

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

TO:

Registration Section

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

Amy Thai and Sushi Bird Bay 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 ______ Florida document number L16000174944 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 "L1,C," or the abbreviation "L,1,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: New Registered Office Address: Enter Florida street address

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Khom Supharat	423 41st Street West Palmetto, FL 34221	
			☐ Remove
			☐ Change
AMBR	Lakkana Supharat	423 41st Street West Palmetto, FL 34221	□ Change
			□ Remove
			□ Change
			
			☐ Remove
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(If an effi Note:	late, if other than the date of filing: (optional) e 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 to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
f the rec b) The	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the half the record is filed.
Dated	1/14/19
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00