

L1700008654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

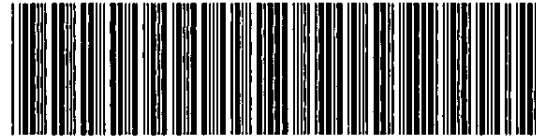
Special Instructions to Filing Officer:

2017 APR -4 PM 4:33

2017 APR -4

TALLAHASSEE, FLORIDA

Office Use Only



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04/05/17--01002--002 **25.00

2017 APR -4 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY

APR -6 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UAMPORN, 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:

SUDKHANUENG BYNOE
Name of Person
UAMPORN, LLC
Firm/Company
440 SAWGRASS CORPORATE PARKWAY, SUITE 210
Address
SUNRISE, FL 33325
City/State and Zip Code
JANE@WCAWORLD.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUDKHANUENG BYNOE 954 973-5537
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

UAMPORN, LLC

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

FILED
2017 APR -4 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/11/2017 and assigned
Florida document number L17000008654.

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)

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:

SEAN SCARBROUGH

New Registered Office Address:

5846 S FLAMINGO ROAD #1030

Enter Florida street address

COOPER CITY

Florida

33330

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	UAMPORN YOKEUM	440 SWGRSS CORP PKWY #210	<input type="checkbox"/> Add
		SUNRISE, FL 33325	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	DAVID YOKEUM	440 SWGRSS CORP PKWY #210	<input type="checkbox"/> Add
		SUNRISE, FL 33325	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SEAN SCARBROUGH	5846 S FLAMINGO RD #1030	<input checked="" type="checkbox"/> Add
		COOPER CITY, FL 33330	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 APR 14 AM 11:29
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

FILED

2017 APR -4 AM 11
DEPT. OF JUSTICE
FBI
MILWAUKEE, WI 53201


FILED
2017 APR -4 AM 11:25
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MARCH 29 2017


Signature of a member or authorized representative of a member

DAVID YOKEUM
Typed or printed name of signee