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Office Use Only



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J. HARRIE

COVER LETTER

Divisio	on of Corporation	ns		
SUBJECT:	THAI	GOURMET	CATERING, CL	د
		Name of Limit	ed Liability Company	
The enclosed Ar	rticles of Amenda	ent and fee(s) are subn	nitted for filing.	
Please return all	correspondence (concerning this matter to	o the following:	
		WICHAYAN	EE CHAYANGE Name of Person	<i>vra</i>
	,		Name of Person	
		THAL CAURA	act laterials	
	 -	Time Goods	Firm/Company	<u></u>
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	- 	4000 m	RAMAR DR #7	2306
		_		
		St. Pete	FRS BUP 6 FL 3 City/State and Zip Code	3708
		E-mail address: (to	EEC e yahoo.com be used for futhre annual report noti	tication)
For further infor	mation concerning	g this matter, please cal	il;	
-WICHA	YANEE C	1+AYANGKURA	at (970) 901 - 11 Area Code Daytim	OOI
	Name of Ferson		Atea Code Dayuni	e Telephone Number
	eck for the follow	-		
\$25.00 Filin	ig Fee □ \$3)	0.00 Filing Fee & 'ertificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &
			(additional copy is enclosed)	Certified Copy cadditional copy is enclosed
				Takani Cipy is Cicessed
	MAILING AD	1	STREET/COURI	
	 Registration Se Division of Cor 		Registration Section Division of Corpor	
	P.O. Box 6327 Tallahassee, FI.	1	Clifton Building 2661 Executive Co	
\	rananassee, P1,	72.114 /	Taflahassee, F1, 32	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	RMGT CAT Liability Company as Florida Limited Liabili	EUNG (it now appears on ty Company)			-	
The Articles of Organization for this Limited Liab Florida document number <u>L17000\z3</u>	• • •	e filed on	6/6/201	1 and	assigned	d
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of the CAFE DE BANGKOK, The new name must be distinguishable and contain the word						
The new name must be distinguishable and contain the word	ls "Limited Liability Co	ompany." the design	ration "LLC" or the	: abbreviation	"L.L.C."	
Enter new principal offices address, if applicab					;	
Principal office address MUST BE A STREET of Principal office address MUST BE A STREET of Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office	OX)	address on ou	r records, <u>ent</u>		0 1	ie new
Name of New Registered Agent:						
New Registered Office Address:						
		Enter Florida s	treet address			
-			, Florida _	-		
	(ity		Zip Coo	le*	

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> Name. <u>Address</u> Type of Action 4828 MIRAMAR DR XIAND PASUMA GREEN MBR UNIT 2306 MADEIRA BEACH, FL 33708 - Change 4828 MIRAMAR DR ORNCHUMA KELLY MER UNIT # 2306 Remove MADEIRA BEACH, FL 33708 Change \Box \land dd _□ Remove □ Change □ Add _□ Change □ Add _□ Remove _____ 🗀 Change

				
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'an effective date i	s listed, the date must be sper		e of filing or more than 90 days :	optional) after filing) Pursuant to 605,0205 this date will not be listed as
	tive date on the Departme		tatotory ming requirements.	this date will not be usion as
	cifies a delayed effec y after the record is		effective time, at 12:0	01 a.m. on the earlier o
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	Signatu	ire of a number of authorized	representative of a member	71 ₆
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Filing Fee: \$25.00