117000 192613

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
10/26/21		
	Office Use Onl	 у



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October 5, 2021

YOUTH CHANTARA 2813 S. HIAWASSEE RD #304 ORLANDO, FL 32835

SUBJECT: APICHATTHAI LLC Ref. Number: L17000192673

We have received your document for APICHATTHAI LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 321A00024169

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	APICHI	ATTHAI LL	.C
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	You	Name of Person	ARA
	<u>.</u>	Name of Person	
	TA	Firm/Company	<u>J</u> uc
	2813 S. t	HALLASSIEE RI.)、# 304
		City/State and Zip Code Color Code Color Code Color Code Code	
		City/State and Zip Code	
	1AX BYSAM 199	to C Grain.	Com.
			te nonneation)
For further information coi	ncerning this matter, please co	(411)	
YOUTH	CHANTANA	at (at (321)	18-4575
Name of	Person	Area Code D	Paytime Telephone 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	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration So Division of Co P.O. Box 6327 Tallahassee, F.	ection orporations	The Centre	
		Tallahassed	e. Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

API	CHATTHAI	115	21 001 11	9 PM2:	24	
		as it now ap ability Compar	pears on our records. y))		
The Articles of Organization for this Limited Lic Florida document numberL 17060		ere filed on	09/15/2	2017	_ and assigned	
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabili	ty company	[,] here:			
The new name must be distinguishable and contain the wo	ords "Limited Liability	y Company," t	ne designation "LLC"	or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		GAINESVILLE FL. 32601				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30X)</u>		PAME -			
B. If amending the registered agent and/or reagent and/or the new registered office address	**	ldress on ou	r records, <u>enter tl</u>	he name o	of the new register	
Name of New Registered Agent:	You 7	7+ 0	HANTARA			
New Registered Office Address:	2813	S. H	HANTARA 1 A WASSET Florida street address	RD	# 304	
	OPPLAN	D>	Flor	ehi:	32535	

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 to 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.

City

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address 21 COT 19 PH 12: 24	Type of Action
MGR	APICHAT PINKUM	1228 W. UMNENSING AL	🗆 Add
		Gaines vive Fr 37601	Remove
			□ Change
MGPL	MOPPALIT PINKUM	1228 W. UNIVERSITY AVE	\Z\Add
		GANESVILLE, FL. 32601	
			□Change
			□Add
			□Remove
			Change
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Note: If t	date, if other than the date is listed, the date in he date inserted in this is effective date on the	block does not n	nect the applic	able statutory fil	more than 90 day ing requirement	optional) s after filing.) Pur s, this date will	suant to 605,0207 (not be listed as t
document							
e record sp	pecifies a delayed effec	tive date, but not	an effective ti	me, at 12:01 a.n	n, on the earlier	of: (b) The 90	th day after the
e record sp ord is filed.						of: (b) The 90	oth day after the
e record sp ord is filed.						of: (b) The 90	Oth day after the
e record sp ord is filed.						of: (b) The 90	Oth day after the

Filing Fee: \$25.00