

L17000 244 856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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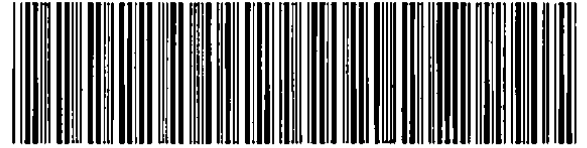
(Business Entity Name)

(Document Number)

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2019 AUG -8 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 13 2019
C. [illegible]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EIM THAI 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:

NITIKARN SCHRODER

Name of Person

EIM THAI LLC,

Firm/Company

2603 NW 13TH ST NUM 145

Address

GAINESVILLE ,FLORIDA 32609-2835

City/State and Zip Code

EIMTHAIFOOD@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NITIKARN SCHRODER

352

3720992

at ()

Name of Person

Area Code

Daytime 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)

☐ \$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

2008 AUG -8 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EIM THAI LLC

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

SECRETARY OF STATE
FILED
AUG - 8 PM 12:40
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/29/2017 and assigned
Florida document number L17000244856.

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

NITIKARN SCHRODER

New Registered Office Address:

2603 NW 13TH ST. NUM 145

Enter Florida street address

GAINESVILLE

City

Florida 32609

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 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

