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COVER LETTER

10:	Division of Cor				
SUBJEC	Greene Tha	ni, LLC			
SUDJE	-I; <u> </u>	Name of Lim	ited Liability Cor	npany	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing		
		ondence concerning this matter			
		Brian Scarborough			
			Name of I	Person	
		Conch Republic Bookkeep	oing Services, L	L ¢	
			Firm/Con	npany	
		955 Caroline Street, Suite 2	206-3		
			Addre	SS	
		Key West, FL 33040			
			City/State and	Zip Code	
		brian@conchbookkeeping.c			
For furth	ner information o	E-mail address: (ure annual report notif	ncation)
	carborough		214	282-2602	
		of Person	at (Code Daytime	e Telephone Number
Enclosed	is a check for t	he following amount:			
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 F Certified (additional		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:		STREET/COURI	
		ration Section on of Corporations		Registration Section Division of Corpor	
	P.O. B	ox 6327		Clifton Building	
	Tallah	assee, FL 32314		2661 Executive Ce. Tallahassee, FL 32	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Greene Thai, LLC		1				
(Name of the Limited Liab) (A Flori	lity Company	as it now appears	on our records	<u>.</u>		
(A Flori	da Limited Lial	fility Company)				
The Articles of Organization for this Limited Liability	Company we	ere filed on 01/2	22/2018		and assig	ned
Florida document number L18000019487	·					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lir	nited liabili1	y company he	<u>re</u> :			
The new name must be distinguishable and contain the words "Li	mited Liability	Company," the de	signation "LLC"	or the abbrev	iation "L.L.(c."
Enter new principal offices address, if applicable:	_					- 2
(Principal office address MUST BE A STREET ADD	RESS)				∞ .≭	LC:
Trincipus Office address NACO V BE 71 O VREEL VADE	<u> </u>	i ·			- 	
	-		<u> </u>		9	SR
					_	35 July 2003
Enter new mailing address, if applicable:	-	<u> </u>			PX	mar.
(Mailing address MAY BE A POST OFFICE BOX)	-				<u> </u>	<u>%</u> 5.7 <u>×</u> 3.7
					ည်	94
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ce address on	our records,	, <u>enter the</u>	name of	the nev
Name of New Registered Agent:		 		•••		
New Registered Office Address:						
		Enter Flori	da street address			
			Flo	rida		
		City	,		Zip Code	
New Registered Agent's Signature, if changing Register	ed Agent:					
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete pe agent as pro red office ac	enformance of i ovided for in C	my duties, and hapter 605, F	d I am fami F.S. Or, if th	liar with his docum	and ent is
	If Changi	ng Registered Age	ent, <u>Signature o</u>	ſ New Registe	red Agent	_

If amendii or remove	ng Authorized Person(s) authorized to r d from our records:	nanage, enter the title, name, and ac	dress of each person being added
MGR = 1 AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Мgт	Meekai, Sumet	513 Greene Street	Add
		Key West FL 33040	■ Remove
			Change
Mgr	Khuantang, Em Orn	513 Greene Street	
		Key West FL 33040	
			Change
			Remove
			Change
			□ Remove
			Remove
			Change
			Remove

nending any other information, enter change(s) here: (Attach a	
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	7
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutory	
ament's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effect se 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlie
d February 28 2018	
Signature of a member or authorized representation	Deu .
Sudjai Satonpan Typed or printed name of sign	nec
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Filing Fee: \$25.00