## L18000047522

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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	
Special instructions to Filing Officer.	
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SECRETARY OF STATE
TALLAHASSEE, FLORID

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## **COVER LETTER**

		ration Sect on of Corpo			
SUBJEC	рч Ст.	YP RESTA	URANT, LLC.		
SUBJEC	CI;		Name of Limit	ed Liability Company	
The encl	losed A	rticles of A	nendment and fee(s) are subm	nitted for filing.	
Please re	etu <del>r</del> n all	correspond	lence concerning this matter to	the following:	
			VICHULADA PENGSALO	OOD	
				Name of Person	
			PYP RESTAURANT, LLC		
				Firm/Company	
			2668 W. SARATOGA DR.		
				Address	
			HOLLYWOOD, FL 33026		
			ericyan629@yahoo.com	City/State and Zip Code	
			E-mail address: (to	be used for future annual report	notification)
For furth	er infor	mation con	cerning this matter, please cal	1:	
VICHUI	LADA	PENGSAL		305 965-4269 at ()	
		Name of P	erson	Area Code Day	rtime Telephone Number
Enclosed	l is a ch	eck for the	following amount:		
<b>=</b> \$25.0	00 Filin	g 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PYP RESTAURANT, LLC.		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on <u>02/22/2018</u>	and assigned
Florida document number <u>L18000047522</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		TAS TA
(Principal office address MUST BE A STREET ADDRESS)		LA A
		A TAFE
		SEE.
Enter new mailing address, if applicable:		S FLOR
(Mailing address MAY BE A POST OFFICE BOX)		NR DI REP
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street address	
<u>-</u>	, Florida	····
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	

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>	Address	Type of Action
MGRM	ERIC K YAN	2668 W SARATOGA DR	
		COOPER CITY, FL 33026	Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
		<del>.</del>	□ Add
		<del> </del>	Remove
			Change
			Add
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			□ Change
		<del></del>	Add
			□ Remove
			□ Change

f amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
	18 AP
	R-2
	# (M -
	6: 2:
- <del></del>	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to lote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier o
ated March 27th	
Signature of a member or authorize	and representative of a member
MANAGER MEMBER Vichulada Pe	engsaluof name of signee

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Filing Fee: \$25.00