118000054031

| (R | equestor's Name) | |
|-------------------------|-----------------------|-------------|
| (A | ddress) | |
| (A | ddress) | <u>.</u> |
| (C | ity/State/Zip/Phone # |) |
| PICK-UP | ☐ WAIT | MAIL |
| (8 | usiness Entity Name) | |
| (D | ocument Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| 10: | | istration Sec ision of Corp | | ` | |
|----------|-----------|--------------------------------|---|---|---|
| SUBJECT: | | ME-SEN LI | .C. | | |
| 30B3 | LC1. | | Name of Lim | ited Liability Company | |
| The ei | nclosed | Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please | e return | all correspon | dence concerning this matter | to the following: | |
| | | | SATIDT KAEOTHONGI | КНАМ | |
| | | | | Name of Person | |
| | | | | Firm/Company | |
| | | | 4885 LINCOLN ROAD | | |
| | | | | Address | |
| | | | DELRAY BEACH, FL. 3 | 3445-3816 | |
| | | | best-ton@hotmail.com | City/State and Zip Code | |
| | | | - | to be used for future annual report notific | cation |
| For tu | irther in | formation co | ncerning this matter, please co | ail: | |
| Satid | t Kaeot | hongkham | | 561 866-4416 | |
| | | Name of | Person | at () Area Code Daytime | Telephone Number |
| Enclo: | sed is a | check for the | following amount: | | |
| ■ \$2 | 25.00 F | iling 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

| (Name of the Limited Liability Company as | it now appears on our records.) | |
|--|--|------------|
| | | ied |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability of | company here: | |
| The new name must be distinguishable and contain the words "Limited Liability Co | mpany," the designation "LLC" or the abbreviation "L.L.C | |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | <u>~</u> | |
| | | 1) |
| Enter new mailing address, if applicable: | | i |
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on February 28, 2018 and assigned orida document number L18000054031 This amendment is submitted to amend the following: 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 "LLC" after new principal offices address, if applicable: The new mailing address MUST BE A STREET ADDRESS) The new mailing address, if applicable: The new mailing address, if applicable: The new mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the name | | |
| | | |
| B. If amending the registered agent and/or registered office | · · · · · · · · · · · · · · · · · · · | the new |
| registered agent and/or the new registered office address here: | address on our records, enter the name of | 1110 11011 |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | . Florida | |
| nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, entergistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Florida | ïtv Zıp 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 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 | Address | Type of Action |
|--------------|------------------|--|----------------|
| MGR | VITTAVAT IAMSUPA | 4885 LINCOLN ROAD, DELRAY BEACH, FL. 33445- 3816 | Add |
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| (If an effective da <u>Note:</u> If the d | e, if other than the te is listed, the date mu- ate inserted in this bl fective date on the D | st be specific and ock does not r | d cannot be pri- meet the appl | cable statutory | | | | | |
| | pecifies a delayed day after the rec | | | ot an effecti | ve time, at 1 | 2:01 a.m. | on the e | arlier | of: |
| | Suptemb | er, 26 | . 201 | <u>?_</u> . | | | | | |
| Dated | 1 | | | · | | | | | |
| Dated | ` | | H | _ _ _ | | | | | |
| Dated | · · | Signature of a | thember or aut | horized represen | ative of a member | · · · | | _ | |

Page 3 of 3

Filing Fee: \$25.00