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(Requestor's Name)
(Address)
(Address)
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Business Entity Name)
(Document Number)
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COVER LETTER

·TO: 'Registration Se Division of Cor			
SUBJECT:	Pun Thu Name of Lim	House LC	
	Amendment and fee(s) are submodence concerning this matter		FILED ANG 27 PH CHAINSSEET
·	- Willeh		PH 4: 03
		Firm/Company	
	17529	Edenfield Di	
	wesleyo	ngel Florida ? Che/State and Zip Code	2544 0
	E-mail address: (i	Cre/State and Zip Code Cre/State and Zip Code to be used for future annual report notification.	byahoo.com
For further information c	oncerning this matter, please ca		
Name o	han Prongsy of Person	at (<u>8(3)</u> 385 Area Code Daytime	2035 Telephone Number
Enclosed is a check for the	ne 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Palm Thai House 1 (Name of the Limited Liability Comp	LC pany as it now appears on our records.)
(A Florida Limited	I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>LJB DOOL9</u> 3889	y were filed on <u>BIIIII8</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation #L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	R O
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the newere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
Now Degistered Agent's Signature if changing Registered Agen	t·

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
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record specif The 90th day	ies a delayed after the reco	effective da ord is filed.	te, but not a	an effective	time, at 12:	01 a.m. o	n the e	arlier o
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Page 3 of 3

Filing Fee: \$25.00