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(Reque	estor's Name)	
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PICK-UP	MAIT	MAIL
(Busin	ess Entity Name)
(Docur	nent Number)	
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Certified Copies	Certificates o	f Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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S. CHATHAM OCT - 4 2022

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COVER LETTER

TO: Registration Se Division of Cor			
BLACK T	HAI LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LASSAMEE NESSLER		
		Name of Person	
	BLACK THAILLC		
		Firm/Company	
	107 HARBOR BLVD		
		Address	
	DESTIN, FL 32541		
		City/State and Zip Code	
	LIEZELE0323@GMAIL.C	ZOM (to be used for future annual report not	itiontiant
For further information of	concerning this matter, please c		(incation)
LASSAMEE NESSLER		850 816-4987	
Name o	d Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address: Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK THAI LLC		
(Name of the Limi	ted Liability Company as it now apper (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited L Florida document number L20000003090		12/20/2019 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable;	2 = 2
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		FILED WATERS
B. If amending the registered agent and/or agent and/or the new registered office addre		records, enter the name of the new registered
Name of New Registered Agent:	LIEZELE L WTULICH	
New Registered Office Address:	505 HILLVIEW CIRCLE	
	Enter F	lorida street address
	CRESTVIEW	, Florida
	City	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 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. Thereby 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
AR	CLARENCE M GLENN JR	346 BONITA AVE APT 205	🗀 Add
		FORT WALTON BEACH, FL 32548	
			□Change
AR	DOUNGRUETAI SIRISOM	346 BONITA AVE APT 205	🗀 Add
		FORT WALTON BEACH, FL 32548	■Remove
		 	□ Change
AR	MATTHEW COUCH	H06 POST OAK PATH	
		FORT WALTON BEACH, FL 32547	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change

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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a stilled.	y after the	.m. on the earlier of: (b) The 90th day af	ive time, at 12:01 a.m. on	
JUNE 30 2022 ed				JUNE 30
Signature of a member or authorized representative of a member			 `	\mathcal{A}

Filing Fee: \$25.00