

120000003090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

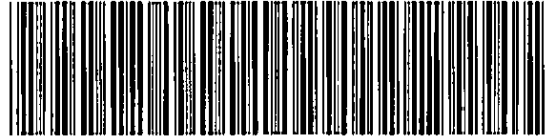
(Business Entity Name)

(Document Number)

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S. CHATHAM
OCT - 4 2022

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 JUL -5 PM 3:25

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLACK THAI LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LASSAMEE NESSLER

Name of Person

BLACK THAI LLC

Firm/Company

107 HARBOR BLVD

Address

DESTIN, FL 32541

City/State and Zip Code

LIEZELE0323@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LASSAMEE NESSLER

850 816-4987
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

BLACK THAI LLC

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>	<u>Address</u>	<u>Type of Action</u>
AR	CLARENCE M GLENN JR	346 BONITA AVE APT 205	<input type="checkbox"/> Add
		FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	DOUNGRUETAI SIRISOM	346 BONITA AVE APT 205	<input type="checkbox"/> Add
		FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	MATTHEW COUCH	1106 POST OAK PATH	<input checked="" type="checkbox"/> Add
		FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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22 JUL -5 PM 3:25

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00