## 120000011001

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | dress)             |           |
| (Ad                     | dress)             |           |
| (Čit                    | ry/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | isiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

Office Use Only



200358807472

02/01/21--01025--004 \*\*25.00



n) 2/15/21

## **COVER LETTER**

| TO: Registration :<br>Division of C |   |   |  |
|-------------------------------------|---|---|--|
| SUBJECT: GRAND                      | MA WANTHANI THAI NOOD<br>Name of Lin            | LE HOUSE LLC<br>nited Liability Company                             | <del>- i</del>   |
| The enclosed Articles of            | of Amendment and fee(s) are sub                 | omitted for filing.   |  |
| Please return all corres            | pondence concerning this matter                 | to the following:   |  |
|                                     | Wanthani Okuhara                                | Name of Person  | <del></del>  |
|                                     | Grandma Wanthani Thail                          | Noodle House<br>Firm/Company  |  |
|                                     | 10010 Kenda Dr                                  | Address   |  |
|                                     | Riverview t                                     | L 33548 City/State and Zip Code                                     |  |
|                                     | toku27@gmail.com                                | to be used for future annual report noti                            | fication)  |
| For further information             | concerning this matter, please e                | all:  |  |
| Thomas S Okuhara<br>Name            | of Person                                       | at ( <u>813</u> ) <u>5465743</u><br>Area Code Daytim                | e Telephone Number   |
| Enclosed is a check for             | the following amount:                           |   |  |
| \$\$25.00 Filing Fee                | □ \$30.00 Filing Fee &<br>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) |
|                                     |   |   |  |

TO:

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

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

GRANDMA WANTHANI THAI NOODLE HOUSE LLC

| (Name of the Limi   | ited Liability Compar<br>(A Florida Limited L | iy as it now appears on our records.)<br>lability Company) |                            |
|---|---|--|----------------------------|
| The Articles of Organization for this Limited L   | Liability Company                             | were filed on Jan 03.2020                                  | and assigned               |
| Florida document number <u>L20000011001</u>   |   |  |                            |
| This amendment is submitted to amend the fol  | lowing:                                       |  |                            |
| A. If amending name, enter the new name of  | of the lim <u>ited liabi</u>                  | lity company here:   |                            |
| GRANDMA WAN'S THAI MEX KITCHEN LLC  |   |  |                            |
| The new name must be distinguishable and contain the                                    | words "Limited Liabili                        | ty Company," the designation "LLC" or t                    | he abbreviation "L.L.C."   |
| Enter new principal offices address, if appli   | cable:  | NO CHANGE  |                            |
| (Principal office address MUST BE A STREI   | <u>ET ADDRESS)</u>                            |  |                            |
|   |   |  | <del></del>                |
|   |   |  |                            |
| Enter new mailing address, if applicable:   |   | · · · · · · · · · · · · · · · · · · ·                      |                            |
| (Mailing address MAY BE A POST OFFICE   | <u>BOX)</u>                                   |  |                            |
|   |   |  |                            |
| B. If amending the registered agent and/or  |   |  | 207                        |
| B. If amending the registered agent and/or agent and/or the new registered office addre | registered office a                           | ddress on our records, enter the i                         | name of the new registered |
| agent and/or the new registered office addre  | ess nere.                                     |  | 1 2                        |
| N. CALLED IN THE  | MA CHAMCE                                     |  | _                          |
| Name of New Registered Agent:   | NO CHANGE                                     |  | 3 5                        |
| New Registered Office Address:  |   |  | فِ                         |
|   |   | Enter Florida street address                               | . 19                       |
|   |   | Florid:  |                            |
|   |   | 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. I hereby confirm that the limited liability company has been notified in writing of this change.

City

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 |
|--------------|-------------------|--------------------------------------|----------------|
| <u>AMBR</u>  | Thomas S. Okuhara | 10010 Kenda Dr. Riveryiew, FL. 33578 | ■Add           |
|              |                   |                                      | □Remove        |
|              |                   |                                      | □ Change       |
|              |                   |                                      | □ Add          |
|              |                   |                                      | □Remove        |
|              |                   |                                      | Change         |
|              |                   |                                      | □ Add          |
|              |                   |                                      | □ Remove       |
|              |                   |                                      | ☐ Change       |
|              |                   |                                      | □Add           |
|              |                   |                                      | Remove         |
|              |                   |                                      | □Change        |
|              |                   |                                      | □Add           |
|              |                   |                                      | □Remove        |
|              |                   |                                      | □ Change       |
| <del></del>  |                   |                                      | □Add           |
|              |                   |                                      | □Remove        |
|              |                   |                                      | □Change        |

| _                             |   |
|-------------------------------|---|
| _                             |   |
| _                             |   |
| _                             |   |
| _                             |   |
| _                             |   |
|                               |   |
|                               |   |
|                               |   |
| _                             |   |
| _                             |   |
|                               |   |
|                               |   |
| Effoctiv                      | e date, if other than the date of filing: (optional)  |
| lf an effec<br><u>Note:</u> I | ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records. |
| e record<br>rd is tile        | 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 l.   |
|                               | 1/29/2021   |
| Dated _                       | 1/29/2021.  **Math Character of a member or authorized representative of a member   |

Typed or printed name of signee