

h20 000 147260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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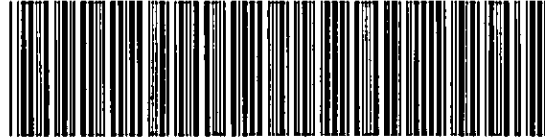
(Business Entity Name)

(Document Number)

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2022 MAY -6 PM 3:27

SEC. CLERK OF STATE  
TALLAHASSEE, FLORIDA

JUN 3 0 2022

S. PRATHEP

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RAIN BARREL SWEET 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:

THITIMA TUBSAN

Name of Person

RAIN BARREL SWEET LLC

Firm/Company

86700 OVERSEAS HIGHWAY

Address

ISLAMORADA, FL 33036

City/State and Zip Code

thitimatubsan@gmail.com

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

For further information concerning this matter, please call:

THITIMA TUBSAN

Name of Person

at ( 786 ) 490-3050

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

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

RAIN BARREL SWEET LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 06-01-2020 and assigned

Florida document number L20000147260

This amendment is submitted to amend the following:

**A. 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 "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

86700 OVERSEAS HIGHWAY,

ISLAMORADA, FL 33036

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

THITIMA TUBSAN

110 ARBOR LANE

TAVERNIER, FL 33070

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

THITIMA TUBSAN

New Registered Office Address:

110 ARBOR LANE

*Enter Florida street address*

TAVERNIER

, Florida 33070

*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.*

Thitima T.

**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>
MGR	SUKARAN KARNTHONG	110 ARBOR LANE, TAVERNIER FL 33070	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KANOKWAN KARNTHONG	110 ARBOR LANE TAVERNIER FL 33070	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MADELAYDIS CERVANTES DE	92157 OVERSEAS HWY UNIT 18	<input type="checkbox"/> Add
		TAVERNIER FL 33070	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MADELAYDIS CERVANTES DE	86700 OVERSEAS HWY	<input type="checkbox"/> Add
		ISLAMORADA FL 33036	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

RAIN BARREL SWEET LLC HAS CHANGED OWNERSHIP, MADELAYDIS CERVANTES DE ARMAS IS.  
NO LONGER AGENT, OWNER OR MEMBER, AND SHALL BE REMOVED.,

**E. Effective date, if other than the date of filing:** DATE OF FILING (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 05/03/2022, \_\_\_\_\_

Kanokwan Karnthong  
Signature of a member or authorized representative of a member

KANOKWAN KARNTHONG  
Typed or printed name of signee

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2022 MAY -6 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA