

7/29/22, 12:37 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L20000147260

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305)599-0839  
Fax Number : (305)592-9591

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RAIN BARREL SWEET LLC**

Certificate of Status	0
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2022 JUL 29 14:32

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2022 JUL 29 PM 12:03

APPROVED  
 AND  
 FILED

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)

The Articles of Organization for this Limited Liability Company were filed on 06-2020 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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

APPROVED AND FILED 2022 JUL 29 PM 12:03 SECRETARY OF STATE ALLIANCE FLORIDA

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:

New Registered Office Address:

Enter Florida street address

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, 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

Title	Name	Address	Type of Action
MGR	SUKARAN KARNTHONG	110 ARBOR LN	<input type="checkbox"/> Add
		Tavernier FL 33070	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THITIMA TUBSAN	110 Arbor Lane	<input checked="" type="checkbox"/> Add
		Tavernier FL 33070	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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