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(Re	questor's Na	me)
(Add	dress)	
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(Cit	y/State/Zip/P	hone #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certifi¢	cates of Status
Special Instructions to	Filing Officer	

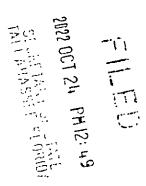
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COVER LETTER

	ision of Corporations		٨
CUDIFCT.	PloyThaiCompany, LL	.¢ ~	
SUBJECT:		Name of Limited Liability Company	
The enclosed	d Articles of Amendmer	nt and fee(s) are submitted for filing.	
Please return	all correspondence con	neerning this matter to the following:	
	Oliver	Joyner	
		Name of Person	
		Firm/Company	
	2610 S	W 18th Street	
		Address	
	Fort La	nderdale, FL 33312	
	ploythai	City/State and Zip Code do@gmail.com	
Conformation:	nformation concerning t	E-mail address: (to be used for future annual report notification)	
Oliver Joyn	_	954 288-2791	
	Name of Person	at () Area Code Daytime Telephone Number	
Enclosed is	a check for the followin	g amount:	
■ \$25.00		(additional copy is enclosed) Certified	te of Status &
Re Di P.0	diling Address: gistration Section vision of Corporatio D. Box 6327 Ilahassee, FL 32314	The Centre of Tallahassee	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pioythai Company, LL			
(<u>Nan</u>	ne of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for th	is Limited Liability Company were filed	on	and assigned
Florida document number L220004	41157		
			
This amendment is submitted to ar	end the following:		
A. If amending name, enter the	new name of the limited liability compa	anv here:	
The new name must be distinguishable at	d contain the words "Limited Liability Company	," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices addr	acc if annlicable		
(Principal office address MUST E	<u>E A STREET ADDRESS</u>	 .	
Enter new mailing address, if ap	plicable:		
(Mailing address MAY BE A POS	T OFFICE BOX)		
		 .	
	ent and/or registered office address on	5	282 282
B. If amending the registered agagent and/or the new registered	ent and/or registered office address on	our records, enter the nar	ne of the new registered
agent and/or the new registered	office address here.		
	LAMUN JOYNER		然一切
Name of New Registered	Agent:		THIS THIS
New Registered Office A			
	Еп	iter Florida street address	基位 5
		, Florida	
	City		Zip Code
New Registered Agent's Signature	if changing Registered Agent:		
I hereby accept the appointmen	as registered agent and agree to act in	n this capacity. I further a	gree to comply with the
provisions of all statutes relativ	e to the proper and complete performation as registered agent as provided for	nce of my duties, and I am	familiar with and
accept the obligations of my pos- being filed to merely reflect a ci	ange in the registered office address. I	I hereby confirm that the l	imited liability
company has been notified in w			·
	1		
	Elmon	()cpore/	
	If Changing Registr	ered Agent, Signature of New R	egistered Agent

If amending or removed	Authorized Person from our records:	(s) authorized t	o manage, j	enter the title, name	e, and address of ea	ach person being added
MGR = M $AMBR = A$	anager uthorized Member					
<u>Title</u>	Name		Ado	dress		Type of Action
						🗆 Add
						□Remove
						□Change
						□Add
						□Remove
						☐ Change
				·		□Add
						□Remove
						🗆 Change
-						□Add
			-			□Remove
						□ Change
						□Add
						□Remove
			_			Change
						□Add
						□Remove
						□Change

	be of the Registered Agent
-	
-	
fective date, if other than to	the date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
ote: If the date inserted in this	s block does not meet the applicable statutory filing requirements, this date will not be listed as
cument's effective date on the	e Department of State's records.
1.77	The 90th day after the
ecord specifies a delayed effe is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
10/20 ited	2022
Lemun	1 < Syner
<u> </u>	1 Cinner of Comment of the matter and commentation of a married
	Signature of a member or authorized representative of a member
Lamun Joyner	Signature of a member of authorized representative of a member

Filing Fee: \$25.00