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## **COVER LETTER**

Division of Cor	porations			•
SUBJECT: PLATOO S	SUSHI & THAI LLC			
SUBJECT.	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LADDAWAN BUSAWA	NAKUL		_
		Name of Person		
	PLATOO SUSHL& THA	FLLC		
,		Firm/Company		
	28811 S TAMIAMI TRAI	IL STE 4		
	-	Address		
	BONITA SPRING, FL 34	134		
		City/State and Zip Code	-	•
	PLATOOSUSHITHAI@H			
	E-mail address: (	to be used for future annual report not	ification)	
For further information of	oncerning this matter, please c	all:		2023 SEC
AREERUT BUSAWAN	JAKUL	at (813 ) 606-9003		E B 2023 MAR SECOLA
Name o	f Person	Area Code Daytin	ie Telephone Number	-2 :
				PHI2: 4
Enclosed is a check for the	ne following amount:			STA STA
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ling∰ec.   te of Status &

TO:

**Registration Section** 

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

(Name of the Limited Liability (A Florida I	: Company as it now appears on our reco Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co Florida document number 1.23000063632	ompany were filed on 02/03/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u> </u>	· <u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<del></del>
		203 33
B. If amending the registered agent and/or registered	office address on our records, ent	er the name of the new registered
agent and/or the new registered office address here:		2
		SEE PR
Name of New Registered Agent:		S 2
New Registered Office Address:		TH <b>5</b>
The registered of the Francis.	Enter Florida street add	ress
		Florida
	, Cin	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

PLATOO SUSHI & THAI LLC

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 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
MGR	AREERUT BUSAWANAKUL	11004 CONNACHT WAY	<b>=</b> Add
		TAMPA FL 33610	□ Remove
			□ Change
AMBR CHADCHAN SANGSANAN	5682 ELEUTHERA WAY	■Add	
	NAPLES FL 34119	□Remove	
			Change
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