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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LADDAWAN BUSAWA				
		Name of Person			
	PLATOO SUSHI & THA				
		Firm/Company	7.1		
	28811 S TAMIAMI TRAI	L STE 4	2973		
		Address			
	BONITA SPRING, FL 34	134	بر . در		
		City/State and Zip Code			
	PLATOOSUSHITHAI@H				
		to be used for future annual report noti	fication)		
For further information e	oncerning this matter, please c	all:			
AREERUT BUSAWAN	AKUL	at (813) 606-9003			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:			
Registration Section		Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLATOO SUSHI & THAI LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or	on <u>02/03/2023</u> and assigned
Florida document number L23000063632	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny 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:	200
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	···
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	
New Registered Office Address: En	ter 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CHADCHAN SANGSANAN	5682 ELEUTHERA WAY	□Add
		NAPLES FL 34119	■Remove
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i enective date is	other than the olisted, the date must	be specific and	cannot be prior to	date of filing or	more than 90 days	s after filing.)	Pursuant to 605.0
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ecord specifies a s filed.	a delayed effective	date, but not	an effective tim	e. at 12:01 a.m	on the earlier of	of: (b) The	90th day after t
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Filing Fee: S25.00