

L23000117007

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(Business Entity Name)

(Document Number)

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# COVER LETTER

O: Registration Section  
Division of Corporations

SUBJECT: MEETANG LLC  
Name of Limited Liability Company

ne enclosed Articles of Amendment and fee(s) are submitted for filing.

ease return all correspondence concerning this matter to the following:

THEERAPOL SHEURPUKDI  
Name of Person  
Firm/Company  
851 village blvd suit C02A  
Address  
west palm beach FL 33409  
City/State and Zip Code  
NOO SOON SAN @ GMAIL . COM  
E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

THEERAPOL or KARISTA at (561) 419 5946  
Name of Person Area Code Daytime Telephone Number

nclosed 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**

MEETANG 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 March 06, 2023 and assigned  
Florida document number L23000117007.

This amendment is submitted to amend the following:

**. 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**

6240 Coral Ridge Dr.

Unit 106

Coral Springs, FL 33076

**Enter new mailing address, if applicable:**

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

**. 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*

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FILED  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA  
COUNTY OF DADE

**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**

Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ANUPHAP DUNYAPAISAL	5681 MENTMORE DRIVE	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KARISTA SOYSANGWAN	5681 MENTMORE DRIVE	<input checked="" type="checkbox"/> Add
		MANGONJA PARK, FL 33407	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THEERAPOL SHEURPUKDI	851 village blvd suit G02A	<input checked="" type="checkbox"/> Add
		west palm beach, FL 33409	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE

**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.

Dated September 9, 2023

Signature of a member or authorized representative of a member

KARISTA SOYSANGWAN

Typed or printed name of signee