123000125486

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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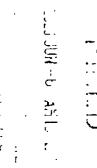




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IN

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

| TO: Registration So Division of Cor | | , | | | |
|---|---|---|--|--|--|
| THAI-TAS | STIC LLC | | | | |
| SUBJECT: | Name of Lim | | | | |
| The enclosed Articles of | Amendment and fec(s) are sub | omitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | AUNCHERA UPATO | | | | |
| | | Name of Person | | | |
| | THAI-TASTIC LLC | | | | |
| | | Firm/Company | | | |
| | 1501 S OCEAN BLVD A | PT 312 | | | |
| | | Address | | | |
| | POMPANO BEACH, FL. | 33062 | | | |
| | | City/State and Zip Code | | | |
| | thaitastic2023@gmail.com | to be used for future annual report notif | cation) | | |
| For further information c | concerning this matter, please c | • | canal, | | |
| AUNCHERA UPATO | | 954 508-9434 at() | | | |
| Name o | t Person | Area Code Daytime | Telephone Number | | |
| Enclosed is a check for the | he 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) | | |
| <u>Mailing Addres</u> Registration : | | Street Address: Registration Sec | tion | | |
| Division of Corporations | | | Division of Corporations | | |

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

| THAI-TASTIC LLC | | |
|--|---|-----------------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lin | Company as it now appears on our reconited Liability Company) | ords.) |
| The Articles of Organization for this Limited Liability Com Florida document number 1.23000125486 | pany were filed on 03/10/2023 | and assigned |
| | | |
| 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 "I | .l.C" or the abbreviation "lL.C." |
| Enter new principal offices address, if applicable: | | ; - (|
| Principal office address MUST BE A STREET ADDRES | (2) | |
| | | 1 , |
| | <u> </u> | |
| Enter new mailing address, if applicable: | | |
| | | |
| Mailing address MAY BE A POST OFFICE BOX) | - | i |
| | | |
| 3. If amending the registered agent and/or registered of | ffice address on our records, en | ter the name of the new regis |
| igent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street ad | dress |
| | | 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 Anthorized 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> | <u>Address</u> | Type of Action |
|--------------|------------------|---------------------------|----------------|
| AMBR | MAIMARON, KURT W | 1501 S OCEAN BLVD APT 312 | □Add |
| | | POMPANO BEACH, FL 33062 | ■Remove |
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| Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E | st be specific and cannot be pr lock does not meet the app | licable statutory filing | (option ere than 90 days after fil requirements, this d | al) ing.) Pursuant to 605,0207 (3) ate will not be listed as the |
| he record specifies a delayed effective ord is filed. | e date, but not an effective | e time, at 12:01 a.m. o | n the earlier of: (b) | The 90th day after the |
| Dated MAY 30 | 2023 | · | | |
| | Amchera Signature of a member or au | Upato thorized representative | of a member | |
| UPATO, AUNCHERA | | representative (| a mentere | |
| OTATO, AUNCHERA | | inted name of signee | | |

Filing Fee: \$25.00