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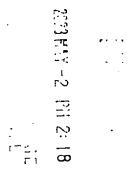
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COVER LETTER

TO:

TO: Registration S Division of Co			
	RATAN, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Paitoon Ratanasirintrawoo	ot	
		Name of Person	
	Paitoon Ratan, LLC		
		Firm/Company	. <u> </u>
	124 Wisteria Drive,		
		Address	 -
	Longwood, FL 32779		ذ
		City/State and Zip Code	
	Paitoonratan@yahoo.com E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please c		~ · · · · · · · · · · · · · · · · · · ·
Paitoon Ratan		407 497-9574	
	of Person	at ()	, - ,
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Co (additional copy is enclosed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our re- a Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C	Company were filed on (14/25/2023)	and assigned
Florida document number 1.23000202824	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ن
Principal office address MUST BE A STREET ADDI	RESS)	
)
		F::
Enter new mailing address, if applicable:		. 2
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registere	yl affice address an aur recards, en	nter the name of the new region
egent and/or the new registered office address here:	d office address on our records, <u>en</u>	itel the name of the new regi-
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, 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 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	Paitoon Ratanasirintrawoot	124 Wisteria Drive, Longwood, FL 32779	= Add
			□Remove
			□Change
			□ Add
			Петюve
			☐Change
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			? ☐Change
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ective date, if other than the date of filin	ıg:	(op	tional)
effective date is listed, the date must be specific and e: If the date inserted in this block does not unment's effective date on the Department of 9	meet the applicable statu		
cord specifies a delayed effective date, but not sfiled.	ot an effective time, at 12	:01 a.m. on the earlier of:	(b) The 90th day after the
as lathan			707
ed 04/27/202m	·- ———		
YM/W	N LMM-		5
, Signature of a	member or authorized repr	esentative of a member	
	-4		=:
17/1-17/11	し ウィブル・ハー	Signee Signee	\sim

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