

L230000238983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

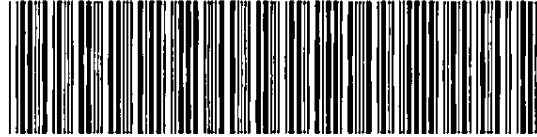
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
AUG 15 2023

Office Use Only



900413607459

FILED

23 AUG 15 PM 2 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08/15/23--01011--010 \*\*25.00

RECEIVED

2023 AUG 15 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Sukhothai M&T Foods LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Antonio Colon

\_\_\_\_\_  
Name of Person

Sukhothai M&T Foods LLC

\_\_\_\_\_  
Firm/Company

1893 Sunset Ridge Dr

\_\_\_\_\_  
Address

Mascotte, FL 34753

\_\_\_\_\_  
City/State and Zip Code

arcolon001@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio Colon

407 269-3318

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed 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**

FILED  
23 AUG 15 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sukhothai M&T Foods 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 May 15, 2023 and assigned  
Florida document number L23000238983.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Not Applicable

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:**

Not Applicable

**(Principal office address MUST BE A STREET ADDRESS)**

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

1893 Sunset Ridge Dr

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

Mascotte, FL 34753

**B. 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:

Not Applicable

New Registered Office Address:

Not Applicable

*Enter 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Antonio Colon	1893 Sunset Ridge Dr	<input type="checkbox"/> Add
		Mascotte, FL 34753	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Yupa Colon	1893 Sunset Ridge Dr	<input type="checkbox"/> Add
		Mascotte, FL 34753	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
P	Antonio Colon	1893 Sunset Ridge Dr	<input type="checkbox"/> Add
		Mascotte, FL 34753	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Not Applicable

[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_.

amt Coli

Signature of a member or authorized representative of a member

## Antonio Colon

Typed or printed name of signee