

L24000200995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

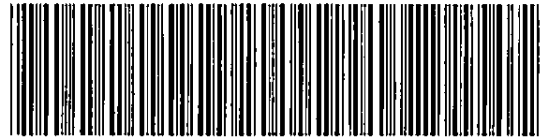
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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Plate Tampa 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:

Ngem Thongsirimongkhom
Name of Person
Plate Tampa
Firm/Company
13134 N Dale Mabry Hwy
Address
Tampa, FL 33618
City/State and Zip Code
tutu@thecrainedistrict.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ngem Thongsirimongkhom at (239) 877-0252
Name of Person Area Code Daytime Telephone Number

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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**

Phyte Tampa 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 _____ and assigned
Florida document number 124000200985

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

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

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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

Title	Name	Address	Type of Action
Manager	Namasa phanewrak	<u>13134 N Dale Mabry Hwy</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		<u>Tampa, FL 33618</u>	<input type="checkbox"/> Change
Manager	Pengtakoon Matthew	<u>4828 Jackson Club Loop</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		<u>Tampa, FL 33624</u>	<input type="checkbox"/> Change
Manager	Dioso Eli	<u>1601 Delaware Ave NE</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		<u>St Petersburg, FL 33703</u>	<input type="checkbox"/> Change
Manager	Kikhamsook Mekhaline N	<u>6143 49th Ave N</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		<u>Kenneth City, FL 33709</u>	<input type="checkbox"/> Change

we want to remove
these four managers,
Thank you!

	<input type="checkbox"/> Add
	<input type="checkbox"/> Remove
	<input type="checkbox"/> Change
	<input type="checkbox"/> Add
	<input type="checkbox"/> Remove
	<input type="checkbox"/> Change

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TALLAHASSEE, FL

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TALLAHASSEE

SECRET AND NOT TO BE
TALLAHASSEE, FLORIDA

2024 NOV 25 PM 3:

7500

(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 305.0204(3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be filed as the document's effective date on the Department of State's records.

Dated 11/22/2024, Nga

Signature of a member or authorized representative of a member

Ngeun Thongsinmonghoun
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00