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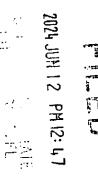
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COVER LETTER

	egistration So vision of Co			,			
SUD IECT	Lisa Ratan	LLC.		ŕ			
SUBJECT	·	Name of Lin	nited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please retur	n all correspo	ondence concerning this matter	to the following:				
		Lisa Ratanasirintrawoot					
			Name of Person		=		
		Lisa Ratan LLC.					
			Firm/Company		-		
		124 Wisteria Drive					
		-	Address		-		
		Longwood, FL 32779			•	2024	
		-	City/State and Zip Code		-	KUL	•
		lisaratan 14@gmail.com				1-2	•
			to be used for future annual report not	ification)	<i>c</i> , "	2024 JUN 12 PM 12: 4.	
For further	information c	oncerning this matter, please c	all:			25	
Lisa Ratana	sirintrawoot		407 448-0995 at ()		:	١,7	
	Name o	f Person		ne Telephone Number		-	
Enclosed is	a check for th	ne 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 Fi Certifica Certified (additional	te of St Copy	atus &	
	niling Addres		Street Address:	ction			
	_	orporations	Registration Se Division of Cor				
P.0	O. Box 632	7	The Centre of T	Tallahassee			
Та	llahassee, I	FL 32314	2415 N. Monro	e Street, Suite 8	10		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lisa Ratan LLC.		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 05/10/2024	and assigned
lorida document number L24000219883		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limite	d liability company here:	
Lisa Ratanasirintrawoot LLC		
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	(22)	
The put office dualess MOST DE A STREET ADDRES		202
		202 JUN
nter new mailing address, if applicable:		~ ~
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	office address on our records, <u>enter the n</u>	ame of the new registe
Name of New Registered Agent:		
New Registered Office Address:		<u>-</u>
	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.

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>	Address	Type of Action
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			□Remove
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the D	st be specific and ock does not m	cannot be prior to	date of filing or ble statutory fil	more than 90 days	optional) after filing.) Pur this date will	rsuant to 6 not be li	05.0207 sted as
record specifies a delayed effective is filed.	e date, but not	an effective tim	ie, at 12:01 a.m	, on the earlier o	f: (b) The 90	th day af	ter the
nted May 31st	1	2024	_ •				
Lisa Ratanasirintrawoo		nember or authori					