

L24000270501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

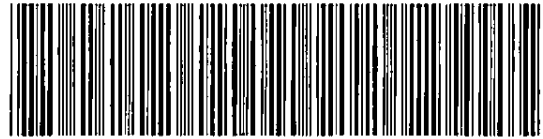
(Business Entity Name)

(Document Number)

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8/30/24  
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2024 AUG 27 PM 1:40  
CLERK OF DISTRICT COURT  
JULIA M. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VTK Wrap Shack 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:

Deanna Bosley

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

Lmd Accounting & Tax Services Inc

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

2430 Estancia Blvd Ste 201

\_\_\_\_\_  
Address

Clearwater, FL 33761

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

deanna@LMDACCOUNTING.COM

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

For further information concerning this matter, please call:

Deanna Bosley

727

443-0709

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

2024 AUG 27 PM 1:40  
STATE  
TALLAHASSEE, FL

FILED

**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	Phaiwan Ditchroen	2743 Enterprise Rd Unit 13	<input type="checkbox"/> Add
		Clearwater, FL 33759	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Sale	Lakkana Kongsatitphan	5710 Queener Ave	<input type="checkbox"/> Add
		Port Richey, FL 34668	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Dish	Suwallae Ditchajorn	5414 Main St	<input type="checkbox"/> Add
		New Port Richey, FL 34652	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Acc	Nattawan Buranasubkajorn	6915 SE 221st St	<input type="checkbox"/> Add
		Hawthorne, FL 32640	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Vikanda Kokmas	5414 Main St	<input type="checkbox"/> Add
		New Port Richey, FL 34652	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Sale	Julalak Julalak	5710 Queener Ave	<input type="checkbox"/> Add
		Port Richey, FL 34668	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 MAR 27  
11:11 AM  
STATE OF FLORIDA

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

[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**

8/26/24

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**