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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SUV17	THAI & SUSHI	RESTAURANT INC.		
DOCUMENT NUMBER:P030	000/16/22			
The enclosed Articles of Amendment and fee are s	submitted for filing.			
Please return all correspondence concerning this m	natter to the following:			
_	IOA C OVIE	<′		
	Name of Contact Person			
IQA				
ź	3785 NW 32 AVE STE 314			
	3785 NW 32 AVE STE 314 Address			
	DORAL FL 33166 City/ State and Zip Code			
	City/ State and Zip Code			
	icidanies	(°nm		
E-mail address: (to be	icidavies. used for future annual report	notification)		
For further information concerning this matter, ple				
TOA C OVIES Name of Contact Person	at (_ <i>305</i> _	<u> 477 5798</u>		
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made	e payable to the Florida Depa	artment of State:		
\$35 Filing Fee \$Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

Suvi IHAI	1 \$ SUSH (ESTAUK)A Ition as currently filed with the Florida		
(Name of Corpora	_	Dept. of State)	
	P03000/16/22		
(Doct	ument Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation	on adopts the following ame	endment(s) to
A. If amending name, enter the new name of the	corporation:		
			new
name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	c," or "Co". A professional corporation	ed" or the abbreviation "Con name must contain the	orp.," word
B. Enter new principal office address, if applicab	ole:		
(Principal office address MUST BE A STREET AL			
			
			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>	··	
		· · · · ·	
D. If amending the registered agent and/or regist new registered agent and/or the new registered		name of the	
Name of New Registered Agent			
	(Florida street address)		
	(, ii), and the title title		
New Registered Office Address:	(City)	, Florida(Zip Code)	-23
	(0.0,7	(1747 65340)	JU
			<u> </u>
New Registered Agent's Signature, if changing Re			<u>ن</u>
I hereby accept the appointment as registered agent.	I am familiar with and accept the obliga	itions of the position,	P
			<u>ن</u> "
			28
Sig	nature of New Registered Agent, if changi	ng	
•		-	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s	s. 607.0120 (11) (e). F.S.		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	VDIS POOCHAREON NIVIT	9425 SW 69 AVE
Add		MIAMI FZ 33156
Remove		
2) Change	VTS POOCHAREON, VAREE	<u>914 COUNTRY CLUB</u> PRADO CORAL GABLES FL 33134
Remove 3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

(Attach <i>additi</i>	or adding additions on al sheets, if necess	ary). (Be specific	ic)			
	-					
					 	
						
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	. ==-					
			· · · · · · · · · · · · · · · · · · ·			
<u>II an amendr</u> provisions f	nent provides for a or implementing th	<u>n exchange, recla:</u> e amendment if n	ssification, or c	ancellation of is	sued shares, t itself:	
(if not a	oplicable, indicate N	(A)	or contained in	the amendmen	t itstii.	
						<u> </u>
						

٠.

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this blo document's effective date on the Department	ck does not meet the applicable statutory filing require artment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the icient for approval.	e amendment(s)
	oved by the shareholders through voting groups. The folioich voting group entitled to vote separately on the amend	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	115/2023	
Signature	Logion Partherma	
	ctor president or other officer - if directors or officers h by an incorporator - if in the hands of a receiver, trustee	
	oy an incorporator – it in the hands of a receiver, trustee I fiduciary by that fiduciary)	, or other court
_	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	