## P14000055251

| (Re                     | equestor's Name)         |   |
|-------------------------|--------------------------|---|
| (Ac                     | ddress)                  |   |
| (Ac                     | ddress)                  |   |
| (Ci                     | ty/State/Zip/Phon        | e #)                                    |
| (0.                     | ty, 0 tato, 2 (pr. 1101) | <i>,</i>                                |
| PICK-UP                 | ☐ WAIT                   | MAIL                                    |
| (Bu                     | usiness Entity Nar       | me)                                     |
|                         |                          |   |
|                         |                          |   |
| (DX                     | ocument Number)          |   |
| Certified Copies        | _ Certificates           | s of Status                             |
| Special Instructions to | Filing Officer:          |   |
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NONAIR

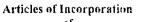
## COVER LETTER

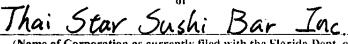
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|--------------------------------------|-----------------------------------|--|---------------------------------------|-------------|
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|                                      | v                                 |  |                                       |             |
| ,                                    | ·                                 | • • •                                      | 2                                     |             |
|                                      |                                   | COVER LETTER                               | 9                                     |             |
| TO 4 1 .6                            | .*                                |  |                                       |             |
| TO: Amendment Sec<br>Division of Cor |                                   |  |                                       | 70          |
|                                      | •                                 |  |                                       | υ           |
| NAME OF CORPO                        | DRATION: THAI STAR SUSI           | HI BAR, INC.                               |                                       |             |
| DOCUMENT NUM                         | P14000055251                      |  |                                       |             |
|                                      |                                   |  |                                       | <del></del> |
| The enclosed Article                 | es of Amendment and fee are su    | bmitted for filing.                        |                                       |             |
| Please return all corr               | respondence concerning this ma    | tter to the following:                     |                                       |             |
|                                      |                                   |  |                                       |             |
|                                      | HANSANA, DIANA                    |  | · · · · · · · · · · · · · · · · · · · |             |
|                                      |                                   | Name of Comact Perso                       | i)                                    |             |
|                                      |                                   |  |                                       |             |
|                                      |                                   | Firm/ Company                              |                                       |             |
|                                      | 2646 46TH AVE N                   |  |                                       | <del></del> |
|                                      |                                   | Address                                    |                                       |             |
|                                      | ST PETERSBURG, FL 3371            |  | ·                                     |             |
|                                      |                                   | City/ State and Zip Cod                    | le                                    |             |
| AA                                   | ISINC888@GMAIL.COM                |  |                                       |             |
|                                      | E-mail address: (to be us         | sed for future annual report               | notification)                         | <del></del> |
|                                      |                                   |  |                                       | ,           |
| For further informat                 | ion concerning this matter, pleas | se call:                                   |                                       |             |
| HANSANA, DIAN                        | Δ.                                | ,727                                       | 565-9285                              |             |
|                                      | e of Contact Person               | at (                                       | )ode & Daytime Telephone N            |             |
| Nam                                  | e of Contact reison               | Mea Ce                                     | ode të 12aytime Tetephone i           | vumoci      |
| Enclosed is a check                  | for the following amount made     | payable to the Florida Dep                 | artment of State:                     |             |
| \$35 Filing Fee                      | <b>□\$</b> 43.75 Filing Fee &     | <b>□\$43</b> ,25 ₽# <del>115</del> € 75.48 | US53 50 Pling Fee                     |             |
| -                                    | Certificate of Status             | Certified Copy                             | Certificate of Status                 |             |
|                                      |                                   | (Additional copy is enclosed)              | Certified Copy<br>(Additional Copy    |             |
|                                      |                                   | enclosedj                                  | is enclosed)                          |             |
| 3.4                                  | ailing Address                    | Stroot                                     | Address                               |             |
|                                      | mendment Section                  |  | dment Section                         |             |
| Di                                   | ivision of Corporations           | Divisi                                     | on of Corporations                    |             |
| P.                                   | O. Box 6327                       | Ciifto                                     | n Building                            |             |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment





P14000055251

(Document Number of Corporation (if known)

| . If amending name, enter the new name of the corpora  | ation:   |       |
|--|--|-------|
|  | The proporation," "company," or "incorporated" or the abbreviae," or "Co". A professional corporation name must contain viation "P.A." | iatio |
| 8. <u>Enter new principal office address, if applicable:</u><br>Principal office address <u>MUST BE A STREET ADDRESS</u> | <u>v/A</u>   |       |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                     |  |       |
|  | N/A  |       |
| If amending the registered agent and/or registered off<br>new registered agent and/or the new registered office          |  |       |
| Name of New Registered Agent   | N/A  |       |
|  | Florida street address)  |       |
|  | Werner and Conference  |       |
| New Registered Office Address:   |  |       |

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: X Change             | <u>PT</u>    | John Do     | D <u>e</u>           |                         |
|-------------------------------|--------------|-------------|----------------------|-------------------------|
| X Remove                      | <u>v</u>     | Mike Jo     | ones                 |                         |
| X Add                         | <u>sv</u>    | Sally Sr    | mith                 |                         |
| Type of Action<br>(Check One) | <u>Title</u> |             | Name                 | Address                 |
| 1) Change                     | V.P.         | <del></del> | PHOMMACHANH, SIVIENG | 2646 46TH AVE N         |
| Add                           |              |             | ,                    | ST PETERSBURG, FL 33714 |
| X Remove                      |              |             |                      |                         |
| 2) Change                     | -            | _           |                      |                         |
| Add                           |              |             |                      |                         |
| Remove                        |              |             |                      |                         |
| 3 ) Change                    | <del> </del> |             |                      |                         |
| Add                           |              |             |                      |                         |
| Remove                        |              |             | ·                    |                         |
| 4) Change                     |              | _           |                      |                         |
| Add                           |              |             |                      |                         |
| Remove                        |              |             |                      |                         |
| 5) Change                     |              | <del></del> |                      |                         |
| Add                           |              |             | •                    |                         |
| Remove                        |              |             |                      |                         |
| 6) Change                     |              |             |                      |                         |
| Add                           |              |             |                      |                         |
| Remove                        |              |             |                      |                         |

| f amending or adding additional Arti<br>Attach additional sheets, if necessary). | (Be specific)  |
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| If an amendment provides for an excl   | hange, reclassification, or cancellation of issued shares, |
| (if not applicable, indicate N/A)  | endment if not contained in the amendment itself:          |
| A  |  |
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| The date of each amendment(s) addate this document was signed.           | loption:   | , if other than the         |
|--|--|-----------------------------|
| Effective date <u>if applicable</u> :                                    |  |                             |
|  | (no more than 90 days after amendment file date)   |                             |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the applicable statutory filing requirements, this dat partment of State's records.   | e will not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)  |                             |
| The amendment(s) was/were ado<br>by the shareholders was/were su         | pted by the shareholders. The number of votes east for the amendment(s fficient for approval.  | )                           |
|  | roved by the shareholders through voting groups. The following stateme, each voting group entitled to vote separately on the amendment(s):   | nı                          |
| "The number of votes cast  | for the amendment(s) was/were sufficient for approval  |                             |
| by   | (voting group)   |                             |
|  | (voting group)   |                             |
| The amendment(s) was/were ado action was not required.                   | pted by the board of directors without shareholder action and shareholde   | r                           |
| The amendment(s) was/were ado action was not required.                   | pted by the incorporators without shareholder action and shareholder   |                             |
| Dated U  | icana tausama  |                             |
| Signature  | Jiana Tansama  |                             |
| selecte  | irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary) | ·                           |
| цруолг   | Hansana, Diana (Typed or printed name of person signing)   |                             |
|  | (Typed or printed name of person signing)  |                             |
|  | President  |                             |
|  | (Title of person signing)  |                             |