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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	BKK9 Food Society	INC
DOCUMENT NUMBER:	P11000064366	

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Suthinan Chantang
_	Name of Contact Person
	BKKA Food Society INC
_	Firm/ Company
	899 E. Prima Vista Blvd, A-B
	Address
	Post St Lucie FL 34952
_	City/ State and Zip Code
	ninjathaig@gmail.com

E-mail addresk: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suthinan Chantana Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

🗹 - \$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filling Fee & Certified Copy (Additional copy is enclosed)

□\$52.50 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 **Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

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	Articles of Amendment to Articles of Incorporation	FILED
BKK9	Food Society INC	2018 DEC - 3 AM 10: 21
	oration as currently filed with the F	lorida Deptsof State) =
P1.	6000064366	TALLAMASSEE, FL
	Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006. F its Articles of Incorporation:	lorida Statutes, this <i>Florida Profit Co</i>	rporation adopts the following amendment(s) t
A. If amending name, enter the new name of t	the corporation:	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "	• word "corporation," "company," (Com " "lw-" or "Co" - 4 malessia	The new or "incorporated" or the abbreviation wal corporation name must contain the
word "chartered," "professional association," o		
B. <u>Enter new principal office address, if appli</u> (Principal office address <u>MUST BE A STREET</u>		
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFIC</u>	<u> </u>	
D. <u>If amending the registered agent and/or re</u> <u>new registered agent and/or the new regist</u>		iter the name of the
Name of New Registered Agent		
	(Fiorida street address)	
<u>New Registered Office Address:</u>	(City)	Florida Zip Coder
None Danistanad Soont's Cianatura (Pakanain	a Ranistoral Agants	
<u>New Registered Agent's Signature, if changin</u> I hereby accept the appointment as registered ag		e obligations of the position.

Signature of New Registered Agent, if changing

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)

Example:

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 = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeheld. 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

PT X Change John Doe X Remove V Mike Jones SV <u>X</u> Add Sally Smith Title Address Type of Action Name (Check One) Tassapat Sripetcharakool 9262 Heathnidge Dry 1) ____ Change West Falm Beach, FL Add 37411 ____Remove Churcevit Putkert 3205 Shoma 2) ____ Change Koyal Palm Beach, ML Add かか 41 4 X___Remove 3) ____ Change ____ Add Remove 4) ____ Change _____ Add ___ Remove 51 ____ Change ____ Add ___ Remove 6) ____ Change __ Add ___ Remove

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares. provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

•	· · ·	
The date of each amendment(s)	adoption: <u>(1/24/2018</u> 11/24/2018	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(V 1 & 4 1 & 6 (S (no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, this date wi Department of State's records.	II not be listed as the
Adoption of Amendment(s)	(<u>CHECK_ONE</u>)	
□ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required	dopted by the incorporators without shareholder action and shareholder	
Dated		
Signature	Siture Chutan	
(By t selec	i director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Suthinan De Chantana	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	